A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY IN MANAGEMENT OF POST OPERATIVE PAIN AMONG LOWER SEGMENT CAESAREAN SECTION MOTHERS (LSCS) IN SELECTED HOSPITAL AT ERODE.

By

301422651

Dissertation submitted to

The TamilnaduDr.M.G.R. Medical University, Chennai,

In partial fulfillment of the requirements for the degree of

Master of Science

In

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under the guidance of

Mrs. K. Vijayalakshmi., M.Sc (N),

PROFESSOR AND HOD

Department of Obstetrics and Gynaecological Nursing

ANBU COLLEGE OF NURSING
M G R NAGAR, KOMARAPALAYAM,
NAMAKKAL DIST, TAMIL NADU.
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Approved by: ANBU COLLEGE DISSERTATION COMMITTEE

RESEARCH GUIDE ……

Mrs. K. Vijayalakshmi., M.Sc (N),

HOD of Obstetrical and Gynaecological Nursing,

Anbu College of Nursing

Komarapalayam.

PRINCIPAL ……

Mrs. K. Vijayalakshmi., M.Sc (N),

HOD of Obstetrical and Gynaecological Nursing,

Anbu College of Nursing

Komarapalayam.

A DISSERTATION SUBMITTED TO THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERRSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

VIVA VOCE:

INTERNAL EXAMINER: ……

EXTERNAL EXAMINER: ……

ENDORSEMENT BY HEAD OF THE INSTITUTIONS.

This is to certify that the dissertation entitled **"A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY IN MANAGEMENT OF POST OPERATIVE PAIN AMONG LOWER SEGMENT CAESAREAN SECTION (LSCS) MOTHERS IN SELECTED HOSPITAL AT ERODE".** Is a bonafide research work done by Mrs. SUGANTHIRA S. under the guidance of **Mrs. K. VIJAYALAKSHMI M. Sc (N), Professor and HOD,** Department of obstetrical and gynaecological nursing, Anbu College of Nursing, Komarapalayam.

PRINCIPAL

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ABSTRACT

Statement of the problem:

A study to assess the effectiveness of guided imagery in management of post operative pain among Lower Segment Caesarean Section (LSCS) mothers in selected hospital at Erode.

Objectives

1. To assess the intensity of LSCS pain among postnatal mothers before guided imagery.
2. To evaluate the effectiveness of guided imagery in reduction of LSCS pain.
3. To determine the association between level of pain and their selected demographic variables.

Method

A quasi experimental one group pre test and post test only design was used for the present study. The sample size consisted of 30 postnatal mothers who had Lower Segment Caesarean Section. Purposive sampling technique was used to select the samples. Data was collected by using numerical rating pain scale for assessing Lower Segment Caesarean Section pain. Guided imagery was conducted for three days twice a day.

The content validity of the tool was done by 5 experts in different fields. Reliability of the numerical rating pain scale was established by test retest method. Pilot study was conducted in the selected hospital to find the feasibility for conducting the study.

The collected data were tabulated, analyzed and interpreted by using descriptive and inferential statistics.

Major study findings

- The mean score of pain in the post test was significantly lower than the pre test score. The‘t’ test value was highly significant at0.05 level. Hence the stated hypothesis was accepted.
- Regarding effectiveness of guided imagery had significant effect in reducing pain. The‘t’ value = 10.81was significant at 0.05 level.
- There was no significant association between pre test pain in selected demographic variables with an exemption of age, parity, source of information which has shown a significant association with pre test pain scores.

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LIST OF ABBREVIATIONS

1	**H**	Hypothesis
2	**F**	Frequency
3	**SD**	Standard deviation
4	**P**	Probability
5	**Df**	Degree of freedom
6	**N**	Number of respondents
7	***S**	Significant
8	**NS**	Not significant
9	**%**	Percentage

CHAPTER-1

INTRODUCTION

'The nurse is the corner stone of pain control'

(International Journal of nursing studies, London.1988)

Giving birth to a new life is the most painful experience in a woman's life, though she experiences the happiness later by carry the newborn, the pain she endures with patience is same in both normal as well as caesarean deliveries.

Caesarean section is a surgical procedure used to deliver an infant by an incision on the abdomen and uterus. C-section is an alternative option to vaginal delivery. This alternative option is exercised based on the health status of the mother and child at the time of labour. About 32 percent of mothers prefer planned surgical deliveries. Hence, the outcome of a normal pregnancy can be achieved either through a vaginal delivery or a C-section. The post Lower Segment Caesarean Section discomfort experienced by mothers after caesarean delivery may vary from woman to woman.

Pain is one of the major discomforts which drives post C-section mothers to seek help. C-section do not eliminate the pain of labour, they often do not eliminate the pain of delivery either. In vaginal deliveries mothers experiences sever pain before the delivery of the baby and to some extent up to 2-3 days after delivery in case of episiotomy. Where as in case of C-section, it is easier to undergo but the after pain is much worse .The numbness around the incision and occasional aches and pain can last for several months. Not only has that it also interfered with mother-infant interaction. If the mother is comfortable easier it will be to breast feed the baby and can also involve in newborn care.

Many measures are used to reduce post Lower Segment Caesarean Section pain; the quick and easier method people go for is the use of analgesics to reduce pain. Pain relief medications reduce pain but cause a variety of unpleasant side effects. But we cannot even neglect these discomforts as it may cause serious effect on physical and psychological aspect of post C-section mothers. There are some simple, effective, low cost methods to reduce post Lower Segment Caesarean Section pain, they are the non-pharmacological methods. Midwives can help post C-section mothers in reducing the pain by using non-pharmacological measures.

Alternative and complimentary therapies are commonly used treatment modalities in present days as it does not have side effects and also it is effective. These are a group of therapies and practices used in place of conventional medicines or used together with conventional medicines, for the purpose of increasing comfort or relaxation, maintaining, improving or restoring health and harmony of the body, mind, and spirit, improving coping mechanisms, reducing stress, relieving pain and/or increasing the client's sense of wellbeing.

NEED FOR THE STUDY:

"Imagination is only intelligence having fun"

Albert Einstein

Pain is complex, multi-dimensional experience. For some people it is major problem others it is minor. Perception of pain affects all aspects of individual's life; it may leads to anxiety, increased heart rate and disequilibrium in the maintenance of body temperature.

Despite improved analgesics and sophisticated drug delivery systems, surveys indicate that over 80% of patients experience moderate to severe pain postoperatively. Inadequate postoperative pain relief can prolong recovery, precipitate or increase the duration of hospital stay, increase healthcare costs, and reduce patient satisfaction.

The world wide statistics of number of surgeries per day is increasing day by day. In U K total number of operations in 2005-2006 was around 7 million. Patients report a lack of information about pain control measures and ineffective pain control.

A patient-based national survey on post operative pain management revealed that pain intensity monitoring was prescribed for only 2% of cases. However, written post operative pain evaluation was frequent in surgical wards 93.7%, at intervals of 4.1 hour. Preoperative pain was reported at the site of surgery in 62.7% of patients. Patients reporting preoperative pain had significantly more intense postoperative pain at rest and when moving than patients without preoperative pain. Severe pain was present in 4.2% of patients at rest, 26.9% of patients during movement and maximal pain since surgery was severe in 50.9% of patients.

Another study was conducted to measure the prevalence of postoperative pain and assessment was made of 1490 surgical in patients who were receiving postoperative pain treatment according to an acute pain protocol. Patients were classified as having no pain

(score 0–5), mild pain (score 6–40), moderate pain (score 41–74) or severe pain (score 75–100). Moderate or severe pain was reported by 41% of the patients on day 0, 30% on days 1 and 19%, 16% and 14% on days 2, 3 and 4. The prevalence of moderate or severe pain in the abdominal surgery group was high on postoperative days 0–1 (30–55%). A high prevalence of moderate or severe pain was found during the whole of 1-4 days in the extremity surgery group (20–71%) and in the back/spinal surgery group (30–64%). Researchers concluded that despite an acute pain protocol, postoperative pain treatment was unsatisfactory, especially after intermediate and major surgical procedures on an extremity or on the spine.

Effective postoperative pain control is an essential component of the care of the surgical patient. Inadequate pain control, apart from being inhumane, may result in increased morbidity or mortality. The advantages of effective postoperative pain management include patient comfort and therefore satisfaction, earlier mobilization, fewer pulmonary and cardiac complications, a reduced risk of deep vein thrombosis, faster recovery with less likelihood of the development of neuropathic pain, and reduced cost of care. The goal of postoperative pain management is to relieve pain while keeping side effects to a minimum.

Guided imagery as an alternative therapy is effective in management of pain. Historically, imagination as a treatment has been used by many cultural groups, including the Navajos, ancient Egyptians, Greeks and Chinese. Imagination has also been used in religions such as Hinduism and Judaism as a healing method. Guided imagery is a simple tool which can empower any one to become a participant in their own healing.

Guided imagery involves far more than just visual sense and this is a good thing given only about 55% of people have vision as their primary imaginative skill. Over past 24 years the effectiveness of guided imagery has been established by research findings and that demonstrate its positive impact on health.

Guided imagery involves the conscious use of imagination to create positive images in order to bring about healthful changes. Even it cannot replace other medical treatment; it can be used as a complimentary therapy. Pain is a perception which can be easily diverted by pleasant imaginations. And guided imagination contributes for a comprehensive relaxation since the participant takes a very passive role. Guided imagery done during post operative period doubles the effect since it is added as a compliment with pain medications.

A study published in the journal of pain reveal that among 94 adult cancer patients, those who received imagery training reported less pain than those who didn't receive imagery. Journal of developmental and behaviouralpaediatrics found that guided imagery lowered post operative pain in children.

Nurses need to rekindle the original nursing flame to learn ways to incorporate more caring nurturing behaviours, new therapies and new nursing practices in caring their patients. Instead of being swept away by the high tech, low touch, fast paced, short staffing line, nurses need to make a difference in the patient's lives by re-establishing and adapting newer technique and modalities in their practices.

Based on the review of literature and personal experience of the investigator during her clinical posting found that in many hospitals lower segment caesarean section cares several practices such as foot massage, relaxation therapy, analgesic to relieve pain and discomfort.Hence, the researcher is interested to find out the healing power of guided imagery on reduction of post operative lower segment caesarean section pain.

STATEMENT OF THE PROBLEM:

" A study to assess the effectiveness of guided imagery in management of post operative pain among lower segment caesarean section mothers in selected hospital at Erode"

OBJECTIVES OF THE STUDY:

1. To assess the intensity of lower segment caesarean section pain among postnatal mothers before guided imagery.
2. To evaluate the effectiveness of guided imagery in reduction of post operative pain.
3. To determine the association between the level of pain and their selected demographic variables.

HYPOTHESES:

H1: There is significant difference between the mean pre test and post test pain score after guided imagery.

H2: There is significant association between pain scores with selected demographic variables.

OPERATIONAL DEFINITIONS:

Assess:-

Refers to determine the effectiveness of guided imagery in reduction of post operative pain by numerical rating pain scale

Effectiveness:-

Refers to the desired changes brought by the guided imagery in reduction of lower segment caesarean pain.

Guided Imagery:-

It is a dynamic, psycho physiologic process, in which a person imagines and experiences.It is an alternative technique for reducing the pain. This should be conducted for 20 to 30 minutes twice a day.

Lower Segment Caesarean Section:-

It refers to a surgically made incision on the lower segment of a pregnant uterus inorder to deliver the baby safely

Pain:-

An unpleasant, subjective, sensory and emotional experience by postnatal mothers due to tissue damage resulted from surgical incision which is assessed by verbal descriptive pain scale.

Mothers:-

It refers to mothers who have delivered baby by a surgical incision on the abdomen and uterus from second to fourth day of post Lower Segment Caesarean Section period, irrespective of her parity.

VARIABLES:

Independent Variable:-

Guided Imagery

Dependent Variable:-

Post operative pain

ASSUMPTIONS:

Guided imagery is effective in reduction of post operative pain.

DELIMITATIONS:

The study was delimited:

- To postnatal mothers who are selected in Government hospital at Erode.
- Those who knows Tamil or English.
- Those who are willing to participate in the study.

CONCEPTUAL FRAME WORK

MODIFIED WIEDENBACH'S HELPING ART OF CLINICAL NURSING THEORY (1964)

Ernestine wiedenbach propose a Prescriptive theory for nursing, which is described as a conceiving of a desired situation and the ways to attain it. The present study is aimed at helping the postnatal mothers to reduce post operative pain and the conceptual framework of the present study is based on Wiedenbach's Helping Art of Clinical Nursing Theory. It consists of three factors: central purpose, prescriptive and realities.

Central purpose

It is the overall goal towards which a nurse strives. In this study the overall goal is to reduce post operative pain among lower segment caesarean section mothers.

Prescription

It refers to the plan of care for a patient. In this study, the plan of the care is to provide guided imagery to the lower segment caesarean section mothers who are admitted in the hospital, so that it helps to reduce their pain level.

Nursing practice

a) General information

Wiedenbach's views nursing as an art based on goal-directed care. Nursing practice consists of identifying a patient's need for help. In this study the researcher found out the leading problem faced by the postnatal mothers-post operative pain.

b) Identification

Involves viewing the patients as an individual with unique experiences and understanding the patient's perception of the condition, It determines a patient's need for help based on the existence of a need, whether the patient realizes the need, what prevents the patient from meeting the need and whether the patient cannot meet the need alone. In this study it involves, identifying the need of the postnatal mothers.

c) Realities

It consists of all factors-physical, physiological, emotional and spiritual that play a role in a situation in which nursing activities occurs at a given environment. It consists of agent, goal, and means of activities, recipient, framework and reassessment methods.

Five Realities are:

1) Agent- In this study agent was Nurse.
2) Recipient- In this study recipient was postnatal mothers.
3) Goal- In this study goal was to reduce post operative pain among lower segment caesarean section mothers.
4) Means- In this study means was guided imagery provided by the researcher. In this study numerical pain scale was used to assess the pain level.
5) The frame work- In this study the frame work was government hospital.

d) Ministration

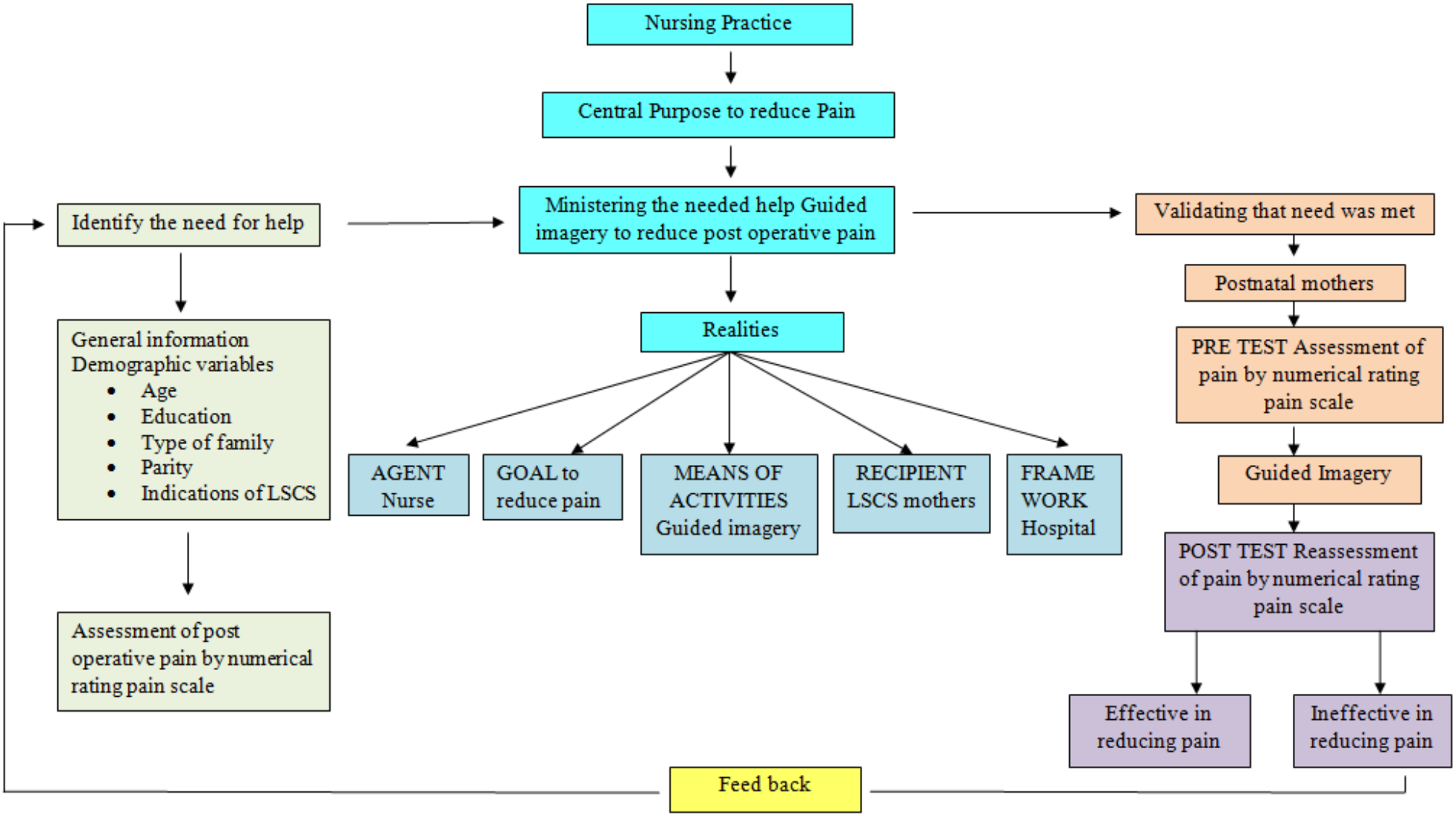
Requires an identified need and a patient who need help. In this study the researcher understands the need for guided imagery to reduce the post operative pain among lower segment caesarean section mothers.

e) Validation

Refers a collection of evidence that show's a patient needs has been met and that her functional ability has been restored as a result of the nurses action. In this study validation involves the outcome of guided imagery in reducing post operative pain among lower segment caesarean section mothers.

FIGURE: 1.1 CONCEPTUAL FRAME WORK

Modified Wiedenbach's Helping Art of Clinical Nursing Theory (1964)



CHAPTER-II

REVIEW OF LITERATURE

Review of literature is a key step in research process. Nursing research may be considered a continuous process in which knowledge gained from earlier studies is an integral part of research in general. One of the most satisfying aspects of the literature review is the contribution it makes to the new knowledge, insight and general scholarship of the researchers. 'A literature review is s complication of resources that provide the ground for future study'.

Review of literature is defined as broad, comprehensive, in depth, systematic and critical review of scholarly publications, unpublished scholarly print materials, and audio visual materials and personal communications.

The literature reviewed has been presented under the following headings:

1. Literature related to post operative pain
2. Literature related to effects of non pharmacological interventions on post operative pain
3. Literature related to effect of guided imagery on post operative pain.

1.LITERATURE RELATED TO POST OPERATIVE PAIN

A national study was done to assess the patients post operative pain experience and the status of acute pain management with random sample of 250 adults who had undergone surgical procedures by using the telephone questionnaires. Results showed that approximately 80% of patients experienced acute pain after surgery. Of these patients, 86% had moderate, severe, or extreme pain, with more patients experiencing pain after discharge than before discharge. Experiencing post operative pain was the most common concern

(59%) of patients. Almost 25% of patients who received pain medications experienced adverse effects. Despite an increased focus on pain management programs and the development of new standards for pain management, many patients continue to experience intense pain after surgery.

A study was performed to assess the prevalence and course of postoperative pain in the early postoperative period after ambulatory surgery and 648 patients who underwent day-case surgery were included in study. Data were collected with interviews and questionnaires during 4 days after surgery. **Results showed that**on the day of the operation, 26% of the patients had moderate to severe pain, 21% on postoperative day 1, 13% on postoperative day 2, 10% on Postoperative day 3, and 9% on Postoperative day 4. Operations of nose and pharynx, abdominal operations, plastic surgery of the breasts, and orthopaedic operations were the most painful procedures during the first 48 hours. This study showed that an important number of patients still experience moderate to severe pain in the postoperative period after day-case surgery even after a 4 day period.

A pilot study was conducted to predict success with guided imagery for cancer pain and in this one group pre test post test design, 62 hospitalized cancer patients experiencing pain had completed questionnaire and used an audio taped imagery intervention. Pain outcome examined included mean pain intensity & distress, positive and negative effect, and perceived control over pain. Apathy analysis was conducted using multiple regressions to evaluate relationship proposed in model. Previous history with imagery predicted outcome expectancy. Imaging ability predicted mean pain intensity, positive effect, and perceived control over pain. Outcome expectancy was not a significant predictor of any pain outcomes. Baseline status and concurrent symptoms, measured as covariates, also played a significant role in predicting outcomes. Variance explained in pain outcomes ranged from 10% to 52%. Further exploration of model variables is warranted. Findings suggested that after considering

current symptom experience, imaging ability may be a useful variable to assess in order to determine whether guided imagery is an appropriate intervention for individual patients.

Researchers from Florida international university's school of nursing in Miami conducted a randomized control trail on effects of imagery in persons diagnosed with fibromyalgia, with sample size of 48 (n=48). In this study the experimental group received 6 weeks intervention of guided imagery. The study showed that self-efficacy of managing pain in experimental group was greater than control group (p=0.03). This study demonstrated the effectiveness of guided imagery in improving the sense of self efficacy for managing pain.

A longitudinal, randomized clinical trial pilot study was conducted to determine whether Guided Imagery would reduce pain and mobility difficulties of women with osteoarthritis. Twenty-eight older women with osteoarthritis were randomly assigned to either the treatment or the control group. The treatment consisted of listening twice a day to a 10-15 minutes audio taped script that guided the women in Guided Imagery. Repeated measures ANOVA revealed a significant difference between the two groups in the amount of change in pain and mobility difficulties they experienced over 12 weeks. The treatment group reported a significant reduction in pain and mobility difficulties at week 12 compared to the control group. Members of the control group reported no differences in pain and non-significant increases in mobility difficulties. A study was designed to assess the strategy, effectiveness and safety of postoperative pain management in patients undergoing elective caesarean section in the obstetric unit. The researcher assessed the overall pain since the time of surgery by visual analogue scale and also recorded any complications since the time of surgery and patients' satisfaction with the pain management. Postoperative pain management was mostly started and followed by the obstetric team at the hospital. Although the postoperative pain management was adequate in terms of patient's safety.

2.LITERATURE RELATED TO EFFECTS OF NON PHARMACOLOGICAL NURSING INTERVENTION ON PAIN

A randomized control trail was conducted on "relaxation and music reduce pain after gynaecologic surgery" with patients (n=311), age 18 -70 from five Midwestern hospitals. They were randomly assigned using minimization to either three intervention groups or control group and were tested during ambulation and rest on post operative days 1 and 2. Pain sensation and distress were measured using visual analogue scales. Multivariate analysis of covariance of post-test sensation and distress was used with pre-test control and priori contrasts. The intervention groups had significantly less post-test pain than control group (p=022-001) on both days. The three interventions were similar in their effect on pain. Patients who received the interventions plus patient controlled analgesia had 9%-29% less pain than controls who used patient controlled analgesia alone. Reduced pain was related to amount of activity, mastery of the use of intervention. Decreased pulse, respiration and those who slept well had less pain the following days. Researchers suggested that nurses who care for gynaecologic surgery patients can provide soft music relaxation tapes and instruct the patients to use them during post-operative ambulation and also at rest on days.

A quasi-experimental study was conducted with the purpose of comparing effects of symptom management with guided imagery on pain in patients after surgery. Samples of 40 post-operative patients were assigned to experimental and control group equally, Data was analyzed by using descriptive statistics & t-test. The major finding shows the post-test mean score on pain of an experimental group was significantly lower than of the pre-test ($X = 7.230$, $X = 3.75$, $t=16.335$, $p<.001$). The post-test mean score of pain of an experimental group was significantly lower than of a control group ($X = 3.75$, $X =6.65$, $t =-10.627$, $p<.001$).

A descriptive study was conducted to measure and characterize post C-section pain and to verify its relationship with limitations of physical activities, 60 mothers in post-operative period of C-section were taken, and intensity of pain was measured with both numeric scale and McGill pain questionnaire. Limitations of physical activities were measured with a specific instrument developed for the study. All participants reported that the pain limited their movements for sitting down and standing up and characterized the pain as annoying, grasping and straining.

A study was conducted between 1983- 1995 on groups of post-operative mothers, reported high stress levels. After guided imagery sessions, they had significantly less self-reported stress; when compared to control groups. The patients were asked to practice on their own. Studies showed that relaxation, hypnosis, and imagery can protect the immune system against the effects of stress. Other mind-body approaches have also yielded impressive results in post-operative group.

A quasi experimental study was conducted by Elizabeth.S,on the effect of planned teaching programme regarding knowledge of post operative pain among primi mothers undergone caesarean section in Hassan,2007.A sample of 80 mothers were included in the study and they were randomly assigned to study and control group. The results showed that the mean gain level of knowledge between pre and post test in experimental group was 36.69 and that in control group was 0.08.The calculated t value is 22.8($P<0.001$) shows that there is a significant increase in the level of knowledge in the experimental group than the control group.

3. LITERATURE RELATED TO EFFECT OF GUIDED IMAGERY ON POST OPERATIVE PAINS

A randomized single blind study on "effects of guided imagery on post operative outcomes in patients undergoing same day surgical procedures" was conducted with sample size 44. Adults (n=44) scheduled for head and neck procedure. This study revealed that anxiety level decreased significantly in guided imagery (p=.002). After 2 hours, postoperative patients reported significantly less pain (p=.041).

Another study was conducted on "imagery reduces children's post operative pain". In this study 73 children of aging 7-12 years having tonsillectomy and adenoidectomies in ambulatory surgery assigned to treatment group (n=36) and control group(37). Children in intervention group reported significantly less pain i.e. 28.3% less sensory pain and 8.5 % less affective pain.

A study was conducted on guided imagery as a coping strategy for preoperative patients and in this study, patients (elective colorectal patients) {n=130} were randomly assigned experimental and control group. The experimental group patients received guided imagery tape. Results showed that post operatively, median increase in the worst pain score was 72.5 for control group and 42.5 for imagery group ($p<0.0014$) and least pain was also significantly different ($p<0.001$) with a median increase of 30 for control and 12.5 for imagery group.

For the purpose of identifying the effectiveness of imagery instruction & control of post surgical pain, a study was conducted with samples of 32 individual having elective surgery .They were allocated into experimental group who received procedural information and instruction regarding the use of pleasant imagery. Scores on visual analogue scale and recorded doses of analgesics administered post operatively provided measures of perceived

pain and analgesic consumption the patient who received the imagery, significantly less post surgical pain. These findings suggest that nurses can enhance the management of post-operative pain by teaching patients to use pleasant imagery.

A pilot study was conducted to find out the effectiveness of alternative methods in bypass surgery pain. Twenty patients were randomized to one of the three treatments. After leaving the intensive care unit, patients in the acupuncture and massage groups received treatment. The guided imagery group received treatment before, during, and after surgery. Patients in the acupuncture group received therapy in which the acupuncture points related to relaxation and anxiety were stimulated. Those in the massage group received therapy for muscles likely to spasm after bypass surgery. Those in the guided imagery group listened to an audio message designed to cause relaxation. Results showed that these methods are very effective.

In a randomized pilot study, 60 children (8-12yrs) who had under gone appendectomy or lower limb surgery and had been randomly assigned to the experimental group (n=30) listened to an imagery trip CD where as those in control group (n2=30) received standard care. An investigator developed questionnaire and visual analogue scale was used to assess the intensity of pain (before, immediately after, and 1 hour after intervention or standard care). The children in the experimental group reported having significantly less pain ($p<.001$) than the control group and there were no significant difference in nurse assessed pain scores the type and time of operation were related to pain intensity in children. They concluded that the nurses underestimated the pain of paediatric patient's .The imagery trip CD can be used to reduce the children's post-operative pain in a hospital setting, although its effect is short lasting.

A pilot study was conducted on the use of guided imagery to manage pain in an elderly orthopedic population and in this two group experimental repeated measures design, sample of 13 patients who has under gone joint replacement surgery and 55 years older, were recruited into 2 groups. The control group received usual care and a music audio tape and the experimental group received usual care and a guided imagery audio tape. Trends in this pilot study demonstrated positive outcomes for pain relief, decreased anxiety, and decreased length of stay. Researcher concluded that complementary therapy holds the promise of increasing positive outcomes. Further research is needed to validate the findings with a larger postoperative sample and in other populations. Researchers recommended that there is a critical need to incorporate the use of guided imagery and other complementary therapies into all nursing curricula. Nurses must develop expertise and be ready and able to act as patient educators and advocates in the use of these interventions in programs of care and institutional policy.

CHAPTER-III

RESEARCH METHODOLOGY

Research methodology is way to systematically solve the research problem. It is a science of studying how research is done scientifically.

BT. Basavatappa (2003)

Methodology is a significant part of the research under which the researcher is able to project a blue print of the research undertaken. This chapter presents the methodology of organizing research procedure to gather valid and reliable data with research approach, setting of the study.

Population, sample and sampling technique, development and description of tool, validity and reliability of tool, procedures for data collection and plan for data analysis

RESEARCH APPROACH

As the investigator wanted to assess the effectiveness of guided imagery on post operative pain among postnatal mothers, the **evaluative research approach** seemed to be the most appropriate approach.

RESEARCH DESIGN

Research design is the blue print for conducting the study that maximizes control over factor that could interfere with the validity of the finding. It guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal.

Basavatappa (2000)

The term research design refers to the plan of a scientific investigation of variable, their manipulation, control, observation to be made and types of statistical analysis to interpret the data.

A design was developed to enable the investigator to assess the level of pain among postnatal mothers and reduce the pain by providing the guided imagery. Considering the factors, evaluate with **experimental,one group pretest-post test only design** was used in the present study.

Group	Pre test level of pain	Treatment	Post test level of pain
Experiment	O_1	X	O_2

Key

O_1- Pre test level of pain

X- Guided Imagery

O_2 – Post test level of pain

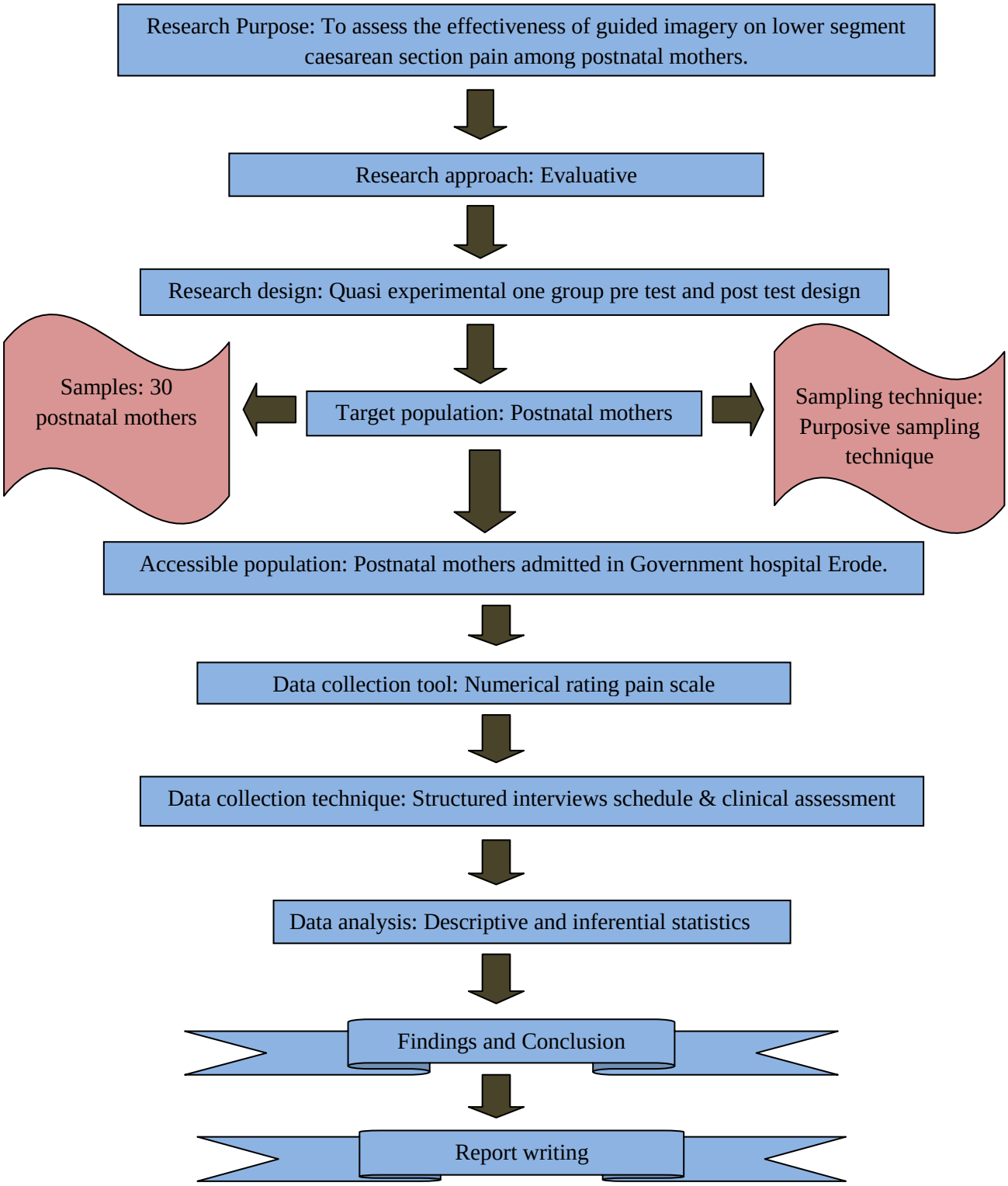
VARIABLE

The two categories of variables discussed in the present study were:

Independent Variable: Guided Imagery

Dependent Variable: Lower Segment Caesarean Section pain

FIGURE: 3.1 SCHEMATIC REPRESENTATION OF STUDY DESIGN.



SETTING OF THE STUDY

The study was conducted in Erode Government hospital which has all the facilities.

POPULATION

Population refers to the aggregate or totally of those conforming to a set of specification.

Polit and Beck (2006)

The population of this study was postnatal mothers who delivered by lower segment caesarean section.

SAMPLE

Sample is the small portion of the population, which represents the whole population. In this study the samples were postnatal mothers who delivered by lower segment caesarean section from 2^{nd} – 4^{th} postnatal days in selected hospital at Erode.

SAMPLE SIZE

The sample size for the present study was 30 samples. The sample size was determined based on the type of study variables being studied. The statistical significance require and availability of sample and flexibility of conducting the study.

SAMPLING TECHNIQUE

Sampling is the process of selecting a portion of population to represent the entire population.

-Polit and Hungler (1999)

The purpose of using a sample technique was to increase representatives and to decrease bias and sample error. In this study purposive sampling technique was used.

SAMPLING CRITERIA

In sampling criteria the researcher specifies the characteristic of the population under study by detailing the inclusion and exclusion criteria. Inclusion criteria are characteristics that each sample element must possess to be included in the sample. Exclusion criteria are characteristics that could confound and contaminate the results of the study. Therefore such participants are excluded from the study.

Inclusion Criteria

Postnatal mothers who:

- Includes mothers who are delivered with lower segment caesarean section.
- Who are in 2^{nd} – 4^{th} postnatal day.
- Who are able to communicate in Tamil or English.
- Who are willing to participate in the study.
- Who are available during the data collection period.

Exclusion Criteria:

Postnatal mothers who:

- Who developed complications of lower segment caesarean section.
- Who delivered the baby by normal vaginal delivery.
- Who are not willing to participant in the study.
- Who are not able to communicate in Tamil or English.

DEVELOPMENT OF TOOL

An instrument in research refers to the tool or equipment used for collection of data. The research tool was developed after extensive review of literature and numerical rating pain scale was used to assess the level of pain.

DESCRIPTION OF TOOL

The investigator was developed a questionnaire to collect the socio-demo graphic data. The numerical rating pain scale was developed to assess the level of post operative pain among postnatal mothers who delivered with lower segment caesarean section. The tool consists of three sections:

Section A

It includes the demographic data such as age, religion, education, occupation, family income, residence, type of family, parity, type of incision, indication for lower segment caesarean section, weight of the baby, No. of postnatal days, source of information.

Section B

It consists of 20 multiple choice questions to assess the knowledge regarding lower segment caesarean section .Scoring of '1' is given for every 'RIGHT' answer and the score of '0' is given for every 'WRONG' answer. The maximum score is 20 for 20 items.

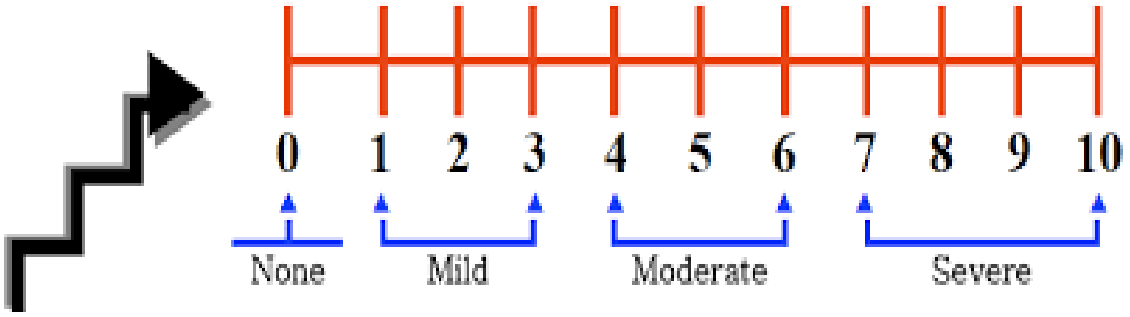
SCORE RANGING

SCORE	PERCENTAGE (%)	RANGING
16-20	**76-100**	**Good**
11-15	**51-75**	**Average**
5-10	**26-50**	**Poor**
0-5	**0-25**	**Very poor**

Section C

It consists of Numerical Rating Pain Scale to assess intensity of post operative pain. The pain scale was constructed based on the Numerical Rating Pain Scale given by Erin E Krebs (2007). It is a pain scale ranging 0 to 10. Point 0 indicates no pain, 1-3 indicates mild pain, 4-6 indicates moderate pain and 7-10 indicates severe pain. The maximum score is 10. It was used to identify the level of pain in lower segment caesarean section. The subjects in the study were asked to specify the point at which they feel pain.

ASSESSMENT OF LOWER SEGMENT CAESAREAN SECTION PAIN BY USING NUMERICAL RATING PAIN SCALE (ERIN E KREBS, 2007)



RATING	PAIN LEVEL	DESCRIPTION
0	No Pain	No pain, feeling perfectly normal
1-3	Mild Pain	Nagging annoying, interfering little with ADLs (Activities of daily living)
4-6	Moderate Pain	Interferes significantly with ADLs (Activities of daily living)
7-10	Severe Pain	Disabling; unable to perform ADLs (Activities of daily living)

TESTING OF THE TOOL

Validity

Validity is the degree to which an instrument measures, what it is intended to measure.

-Polit and Hungler (2004)

In the present study, five experts including one obstetrician and four nursing experts were validating the entire section of the tool. The experts were requested to check for the relevance, sequence and adequacy of the tool. Reframing of the tool is according to their suggestion.

Reliability

Reliability is an instrument is the degree of consistency in which it measures the attribute it is suppose to be measuring.

-Polit and Hungler (2005)

The reliability of the Numerical Rating Pain Scale was established by test retest method among five postnatal mothers. The post test is conducted after the pre test. The Karl Pearson correlation coefficient was used 'r' was found to be r=0.92. The tool was found to be reliable.

PILOT STUDY

The tool was administered and checked for the feasibility and appropriateness. The subject chosen was similar in characteristics. Formal approval was obtained from the authority. Pilot study was conducted. The tool was administered to 5 postnatal mothers and guided imagery was conducted for three days and suggested the mother to practice when needed. After three

days post test was conducted. There was a good response. The instrument was found to be feasible and practicable.

INTERVENTION (TREATMENT)

In the preparatory phase of the study, explained the procedure to the patients, informed content was obtained and the level of pain is assessed prior to the intervention. Then guided imagery was conducted. In that the mother is directed to imagine and experience of preferred imagery (Mental Visualization) for 30 minutes twice a day. At the end of the treatment the level of the pain was assessed again.

DATA COLLECTION PROCEDURE

Data collection was done in Government hospital, Erode. The data collection was done. Formal written permission was obtained from the respective authorities. Based on inclusion criteria, 30 postnatal mothers were selected from the postnatal ward. Samples were selected by purposive sampling technique. Subjects were selected for postnatal ward on each day based on the inclusion criteria. The mothers were intimated regarding the purpose of the study and their consent was secured. Pre test was conducted on the first day before starting treatment. The lower segment caesarean section pain was assessed by Numerical Rating Pain Scale. Guided imagery was conducted for 30 minutes twice a day for three days. Post test was conducted on third day by using the same tool.

PLAN FOR DATA ANALYSIS

The investigator edited the tool, coded the data and entered the data into excel sheet. The statistical analysis was done on the basis of objectives and hypothesis using descriptive and inferential statistics. The following plan of analyses was developed. The analysis was made on the basis of objectives.

Descriptive Statistics

- Frequency, percentage distribution was used to analyze demographic variables.
- Mean and standard deviation was used to analyze the level of pain.

Inferential Statistics

- Paired' test was used to find out the difference between pre and post test scores of the group.
- Chi-square (x^2) was used to find out the association between post test score and their selected demographic variables.

ETHICAL CONSIDERATION

The main study was conducted after the approval of the research committee. The purpose and other details of the study were explained to the respondents. Consent was obtained from them. Confidentiality was assured to the individuals regarding the study results. Permission was sought from Hospital authority. Thus the ethical issues were ensured in the study.

SUMMARY

This chapter has dealt with Research Approach, Design of the study, population, Sample, Sample technique, development of the tool, pilot study, content validity and reliability of the tool, data collection procedure and plan for data analyses.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Polit (2004) states that statistical analysis is a method of rendering quantitative information and elicits meaningful and intelligible form of research data. Analysis and interpretation of data of this study was done by using descriptive and inferential statistics.

This chapter deals with analysis and interpretation of data collection to determine the level of pain among Lower segment Caesarean Section mothers.

The collected data were edited, tabulated, analyzed, interpreted and findings were presented in the form of tables and diagrams under the following section.

Section I: Deals with the distribution of demographic variables among lower segment caesarean section mothers.

Section II: Deals with the pre test and post test level of pain among lower segment caesarean section mothers.

Section III: Deals with the effectiveness of guided imagery on reducing post operative pain among postnatal mothers.

Section IV: Deals with the association between pre test level of pain and selected demographic variables.

SECTION-I

Table 4.1

FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF POSTNATAL MOTHERS

N=30

S.NO	DEMOGRAPHIC VARIABLES	F	%
1.	**Age (in years)**		
	a) 16-20	02	6.7
	b) 21-25	10	33.3
	c) 26-30	13	43.3
	d) 31-above	05	16.7
2.	**Religion**		
	a) Hindu	22	73.3
	b) Muslim	02	6.7
	c) Christian	06	20
3.	**Educational status**		
	a) Illiterate	0	0
	b) Primary school	02	6.7
	c) Higher school	10	33.3
	d) Higher secondary	13	43.3
	e) Graduation	03	10
	f) Post graduate and others	02	6.7

4.	**Occupation** a) Unemployed b) Daily wages c) Employed d) Business	15 08 05 02	50 26.7 16.7 6.7
5.	**Family income per month (in Rs)** a) <2000 b) 2001-4000 c) 4001-6000 d) 6000 and above	0 05 10 15	0 16.7 33.3 50
6.	**Residence** a) Urban b) Rural	20 10	66.7 33.3
7.	**Type of family** a) Joint family b) Nuclear family c) Extended family	11 14 05	36.7 46.6 16.7
8.	**Parity** a) Primipara b) Multipara c) Grand multipara	19 08 03	63.3 26.7 10
9.	**Type of surgical incision** a) Vertical b) Transverse	22 08	73.3 26.7

10.	**Indication for Lower Segment Caesarean Section**		
	a) Previous LSCS	10	33.3
	b) Fetal distress	03	10
	c) Contracted pelvis and CPD	13	43.3
	d) Placenta praevia	02	6.7
	e) Eclampsia	02	6.7
11.	**Weight of the baby**		
	a) <2.5 kg	08	26.7
	b) 2.5 to 3 kg	14	46.7
	c) 3 to 3.5 kg	04	13.3
	d) >3.5 kg	04	13.3
12.	**No. of postnatal day**		
	a) Two	15	50
	b) Three	09	30
	c) Four	06	20
13.	**Source of information**		
	a) Mass media	02	6.7
	b) Health professional	10	33.3
	c) Friends	08	26.7
	d) Relatives	10	33.3

Table 4.1 shows that,

i. 43.3% of the subjects were between the age group of 26 to 30 years, 33.3% belong to the age group of 21 to 25 years, 16.7% of the subjects were the age group above 31 years and 6.7% belong to 16 to 20 years.(Fig.4.1.1)

ii. Majority (73.3%) of the subjects were Hindus, 20% were Christians and the 6.7% were Muslims.(Fig.4.1.2)

iii. Majority of subjects (43.3%) had completed Higher secondary, 33.3% had completed high school education, 10% were Graduated, 6.7% had completed post graduates and primary school.(Fig.4.1.3)

iv. 50% of the subjects were employed, 26.7% were daily wages, 16.7% were house wives and 6.7% of the subjects were doing business.(Fig.4.1.4)

v. 50% of the subjects were earning Rs.6000 and above per month, 33.3% were earning Rs.4001 to 6000 per month and 16.7% were earning Rs.2001 to 4000 per month.(Fig.4.1.5)

vi. Majority (66.7%) of subjects were living in Urban area and 33.3% were living in Rural area.(Fig.4.1.6)

vii. 46% of the subjects belong to Nuclear family and 36.7% of subjects were from joint family and least 16.7% were from extended family.(Fig.4.1.7)

viii. 63.3% of subjects were primiparas, 26.7% were multiparas and 10% were grand multiparas.(Fig.4.1.8)

ix. 73.3% of the subjects were having vertical incision; where as 26.7% of the subjects were having transverse incision. (Fig.4.1.9)

x. 43.3% of the subjects had indication for lower segment caesarean section was contracted pelvis and cephalo pelvic disproportion, 33.3% had previous lower

segment caesarean section, 10% of the subjects had fetal distress and 6.7% had placenta praevia and eclampsia. (Fig.4.1.10)

xi. Majority (46.7%) of the babies were 2.5 to 3 kg, 26.7% were below 2.5 kg and 13.3% were 3 to 3.5 kg/above 3.5 kg.(Fig.4.1.11)

xii. Half of the (50%) subjects were in the second postnatal day, 30% were in the third postnatal day and 20% were in fourth postnatal day.(Fig.4.1.12)

xiii. 33.3% of the subjects had got the information from health professionals and relatives, 26.7% had got the information from friends and 6.7% were from mass media. (Fig.4.1.13)

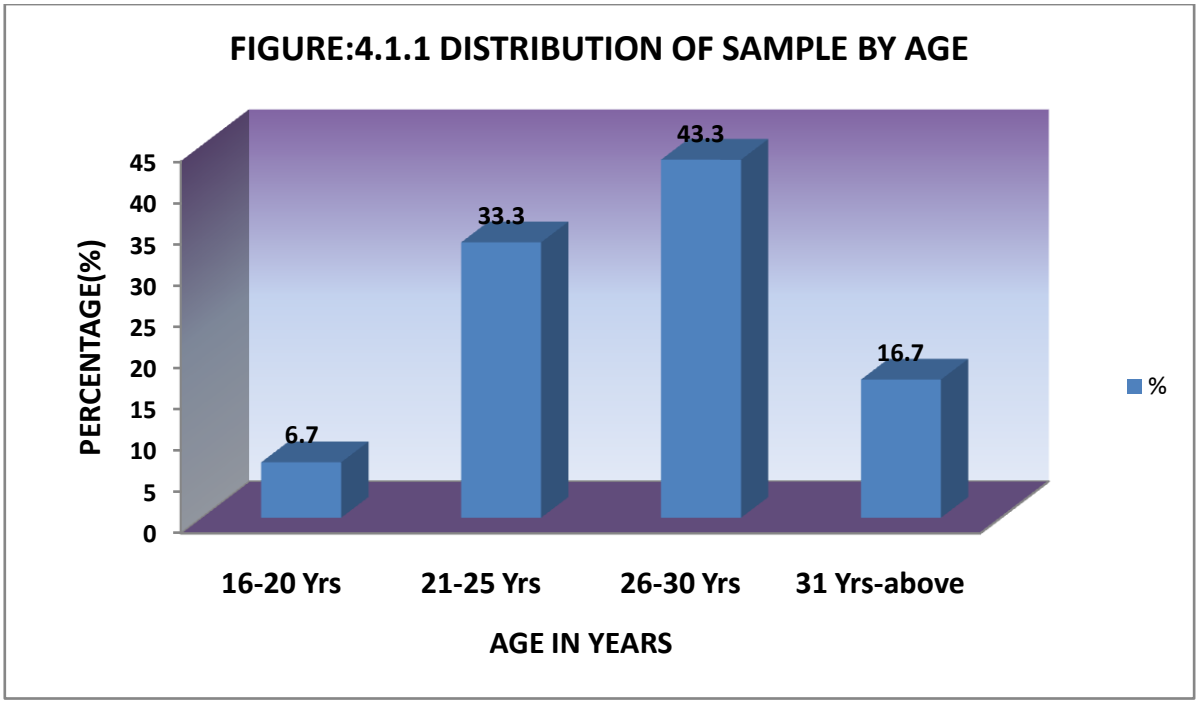


FIGURE:4.1.1 DISTRIBUTION OF SAMPLE BY AGE
PERCENTAGE(%)
45
40
35
30
25
20
15
10
5
0
6.7
33.3
43.3
16.7
16-20 Yrs
21-25 Yrs
26-30 Yrs
31 Yrs-above
AGE IN YEARS
%

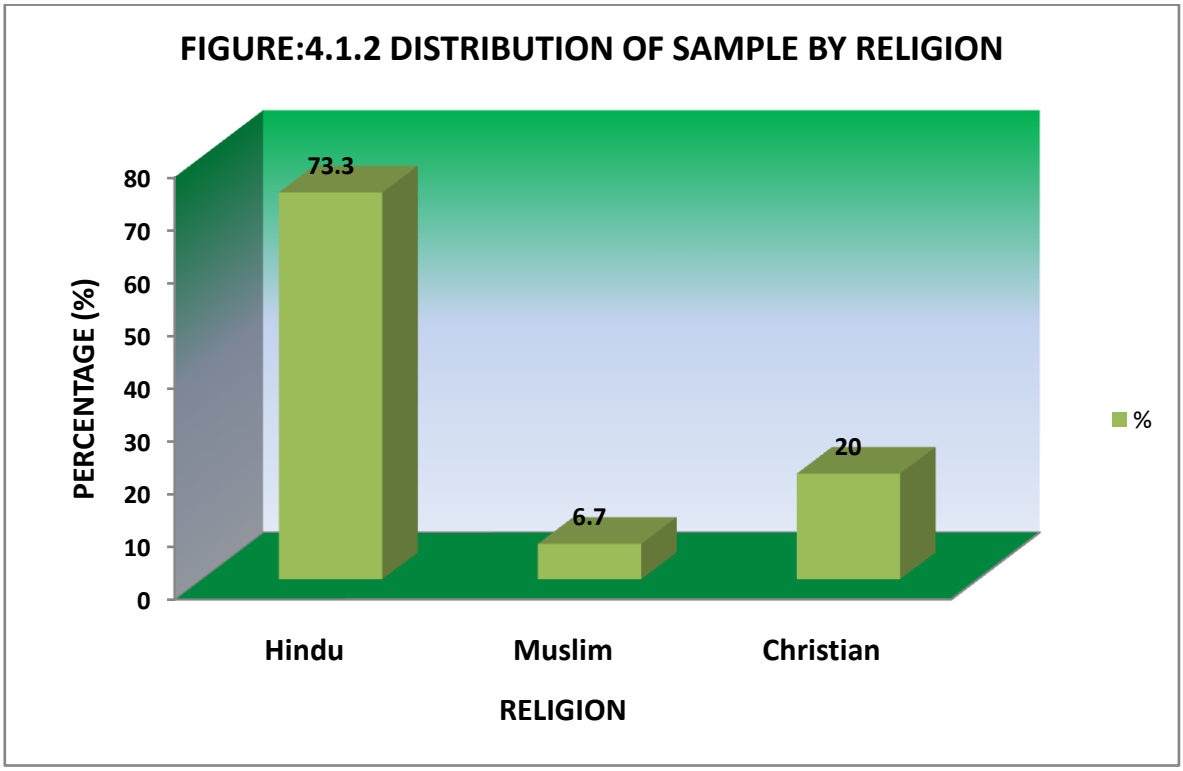


FIGURE:4.1.2 DISTRIBUTION OF SAMPLE BY RELIGION
PERCENTAGE (%)
80
70
60
50
40
30
20
10
0
73.3
6.7
20
Hindu
Muslim
Christian
RELIGION
%

FIGURE:4.1.3 DISTRIBUTION OF SAMPLE BY EDUCATION

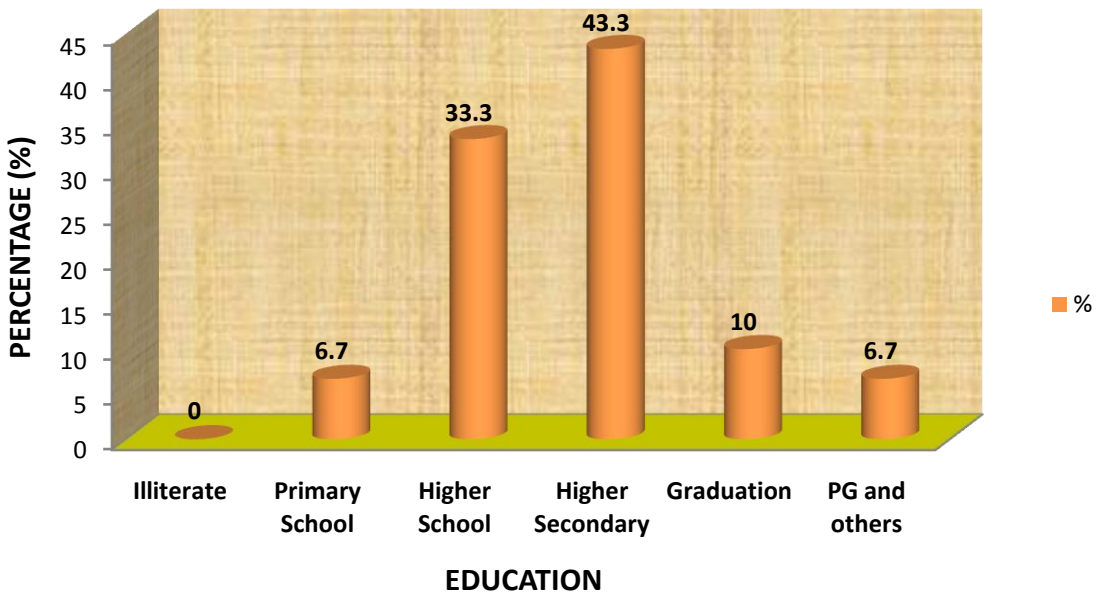


FIGURE:4.1.4. DISTRIBUTION OF SAMPLE BY OCCUPATION

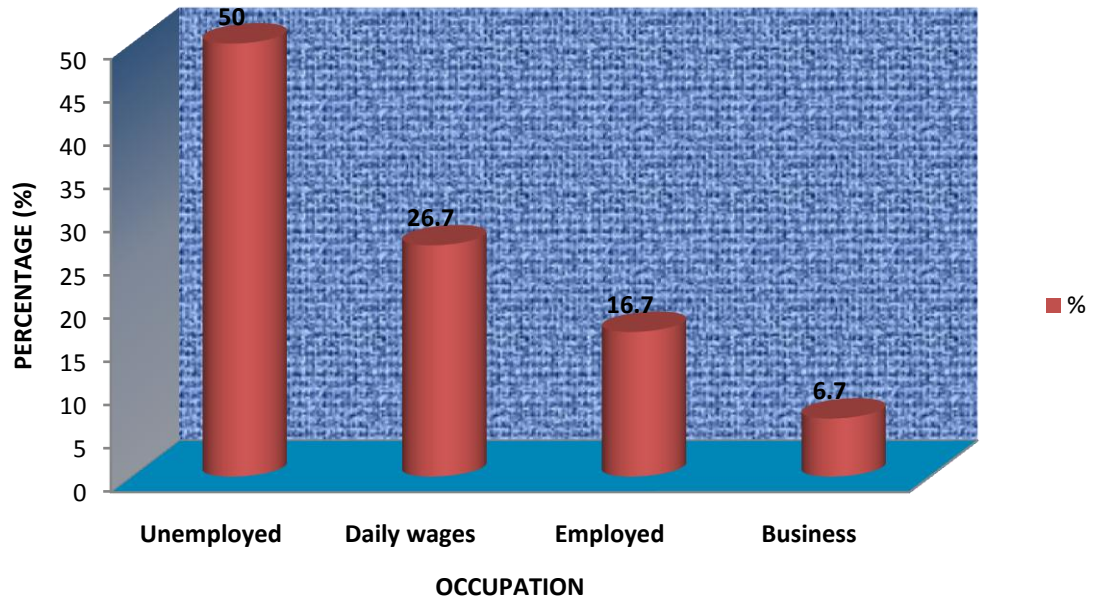


FIGURE:4.1.5. DISTRIBUTION OF SAMPLE BY FAMILY INCOME

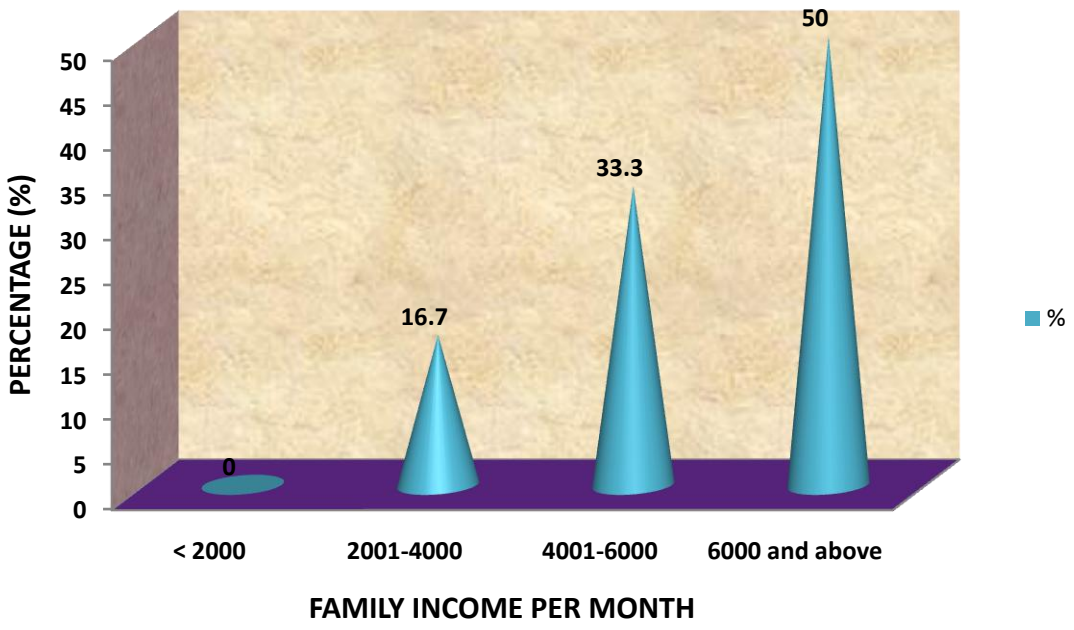


FIGURE:4.1.6. DISTRIBUTION OF SAMPLE BY RESIDENCE

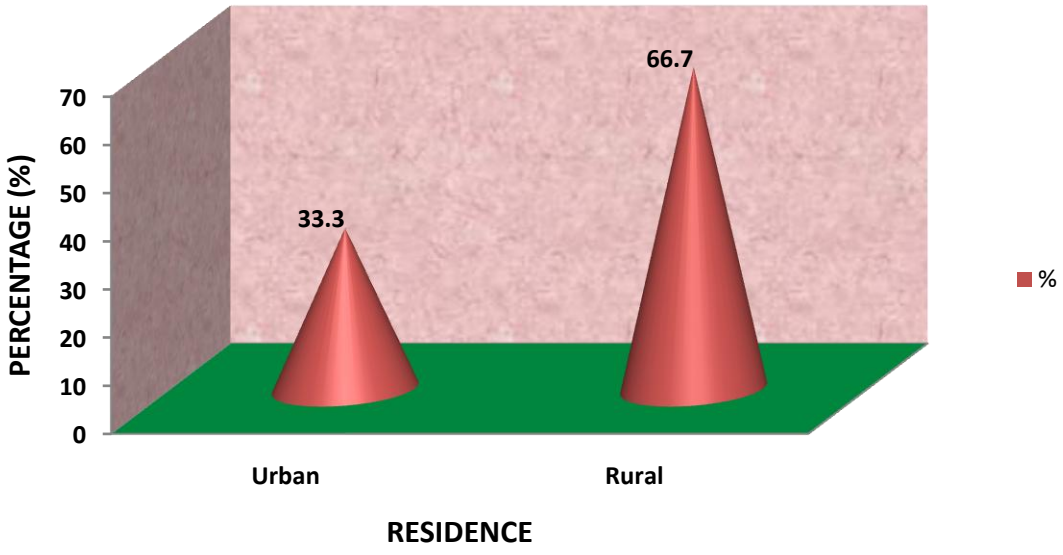


FIGURE:4.1.7. DISTRIBUTION OF SAMPLE BY TYPE OF FAMILY

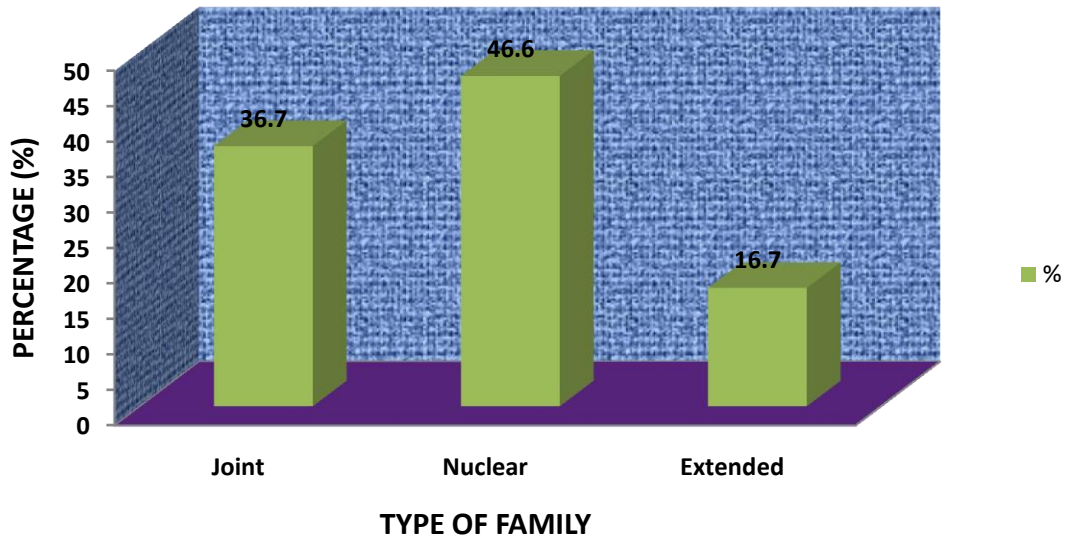


FIGURE:4.1.8. DISTRIBUTION OF SAMPLE BY PARITY

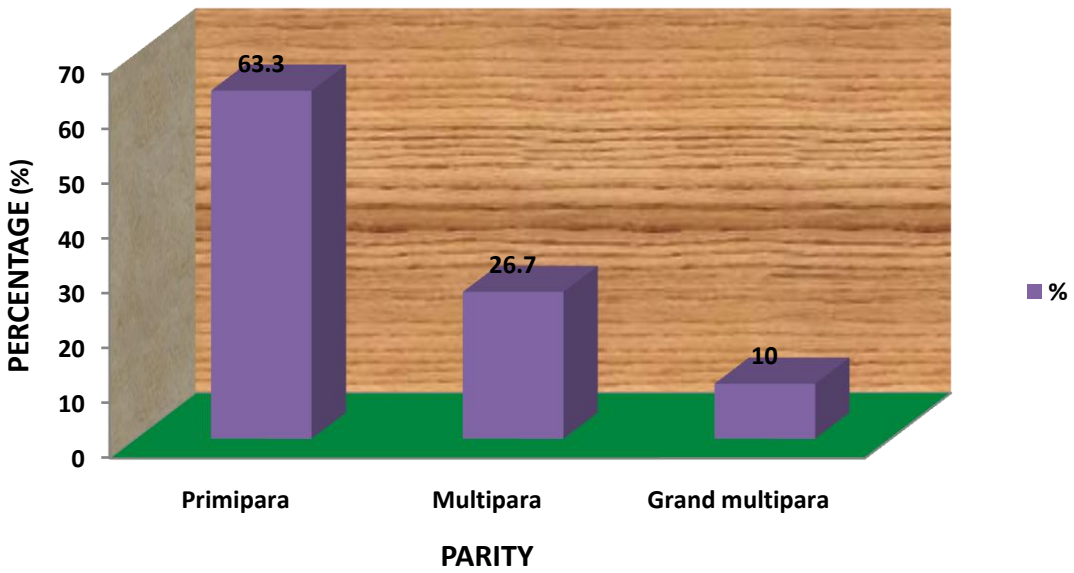


FIGURE:4.1.9. DISTRIBUTION OF SAMPLE BY TYPE OF INCISION

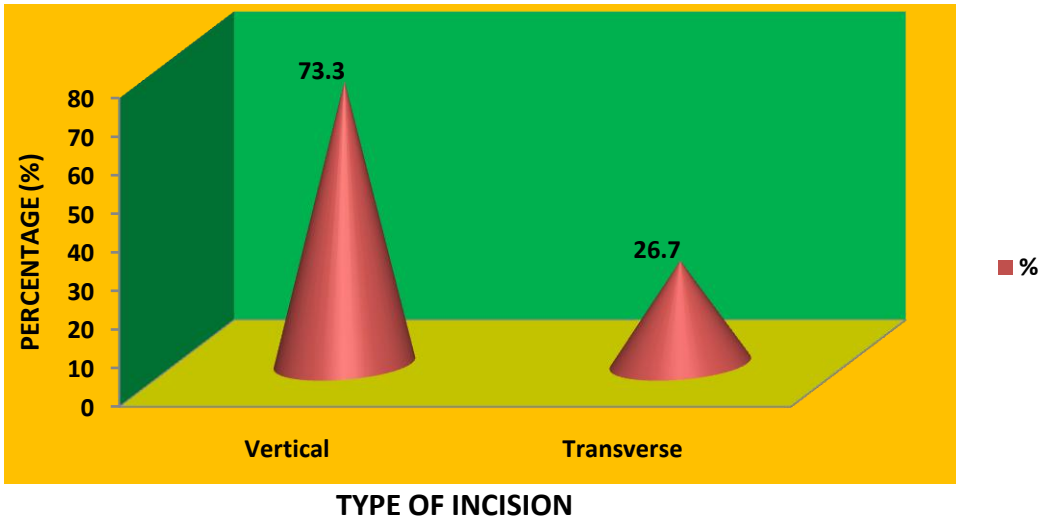


FIGURE:4.1.10. DISTRIBUTION OF SAMPLE BY INDICATION FOR LOWER SEGMENT CAESAREAN SECTION

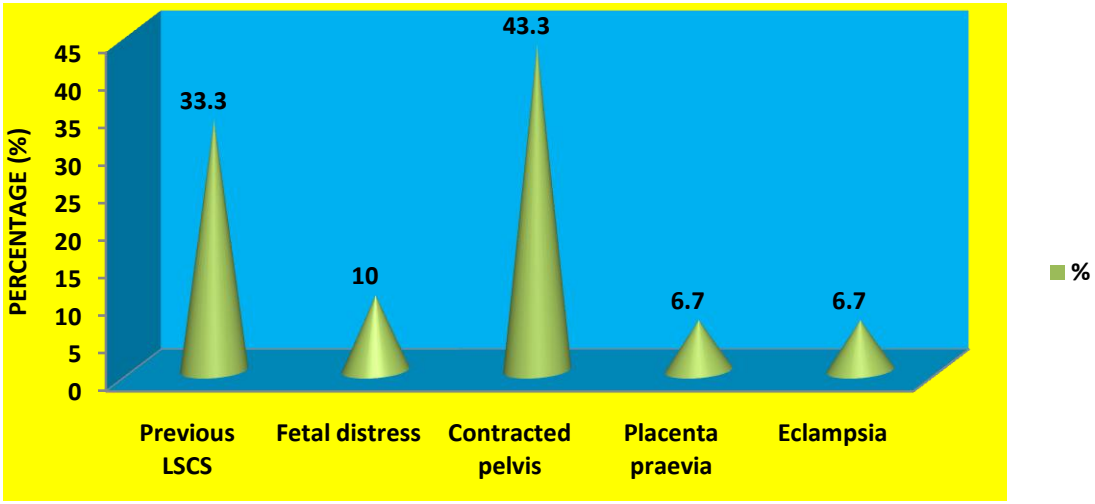


FIGURE:4.1.11. DISTRIBUTION OF SAMPLE BY WEIGHT OF THE BABY

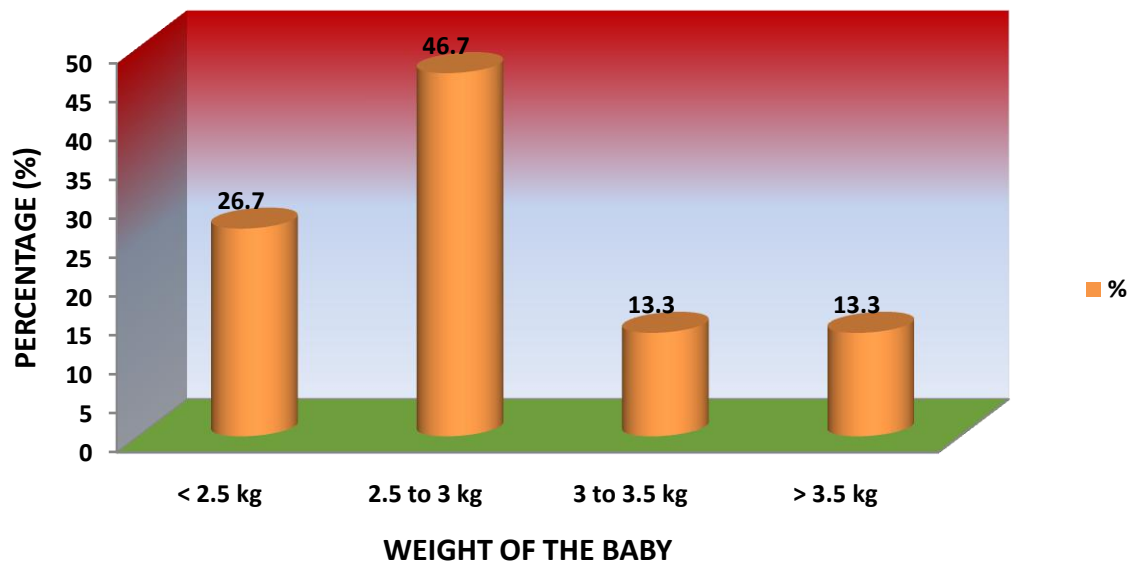


FIGURE:4.1.12. DISTRIBUTION OF SAMPLE BY POSTNATAL DAY

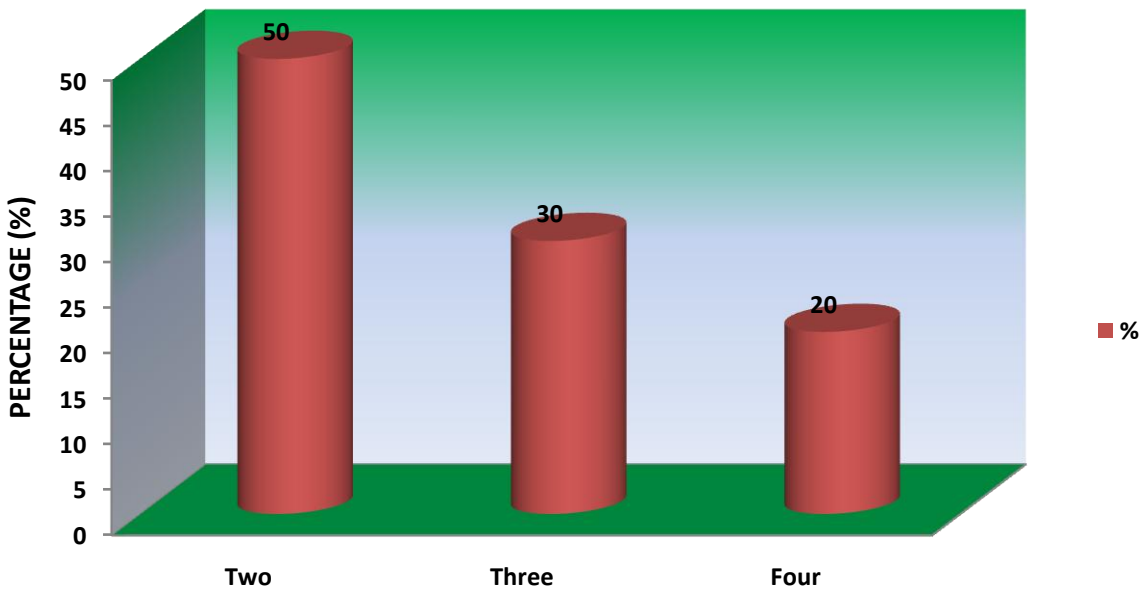
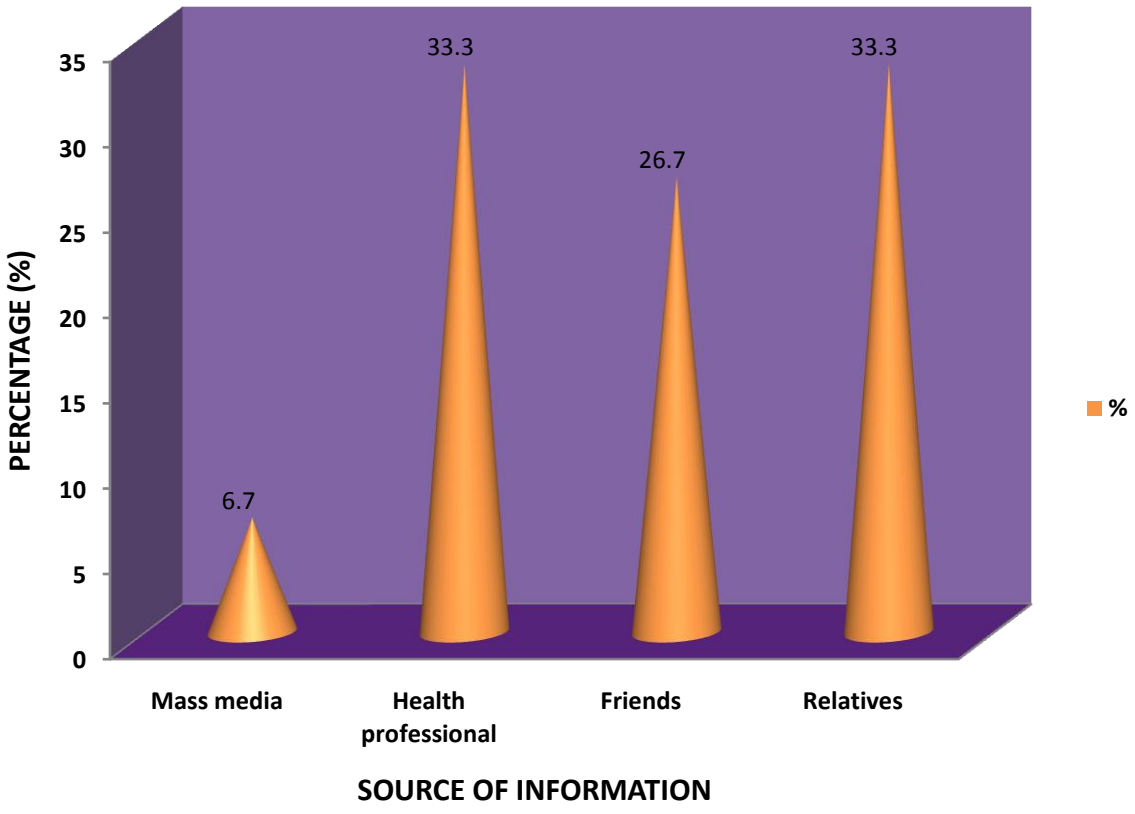


FIGURE:4.1.13. DISTRIBUTION OF SAMPLE BY SOURCE OF INFORMATION



DISTRIBUTION OF REQUENCY AND PERCENTAGE OF THE POSTNATAL MOTHERS ACCORDING TO PRETEST AND POST TEST LEVEL OF POST OPERATIVE PAIN

Table-4.2

Comparison between pre test and post test pain among postnatal mothers

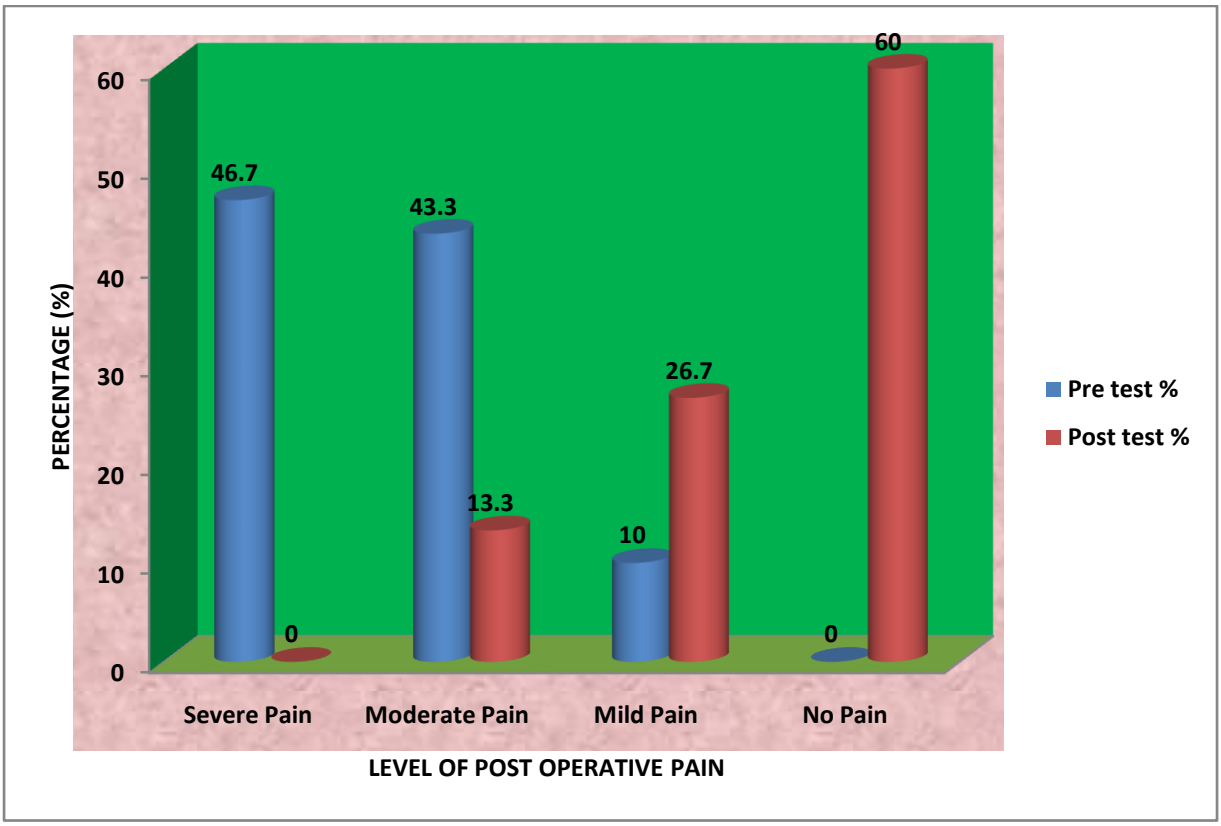
LEVEL OF PAIN	PRE TEST		POST TEST	
	F	%	F	%
Severe pain (7-10)	14	46.7	0	0
Moderate pain (4-6)	13	43.3	4	13.3
Mild pain (1-3)	03	10	8	26.7
No pain (0)	0	0	18	60

Table – 4.2 Shows that pre test among postnatal mothers majority 14 (14.7%) had severe pain, 13 (43.3%) had moderate pain and 3 (10%) had mild pain.

Regarding post test among the postnatal mothers majority 18 (60%) were not having pain, 8 (26.7%) had mild pain and 4 (13.3%) had moderate pain.

It was inferred that the pain level was reduced after the guided imagery among postnatal mothers.

FIGURE: 4.2.1


60
50
40
30
20
10
0
PERCENTAGE (%)
46.7
0
43.3
13.3
10
26.7
0
60
Severe Pain
Moderate Pain
Mild Pain
No Pain
LEVEL OF POST OPERATIVE PAIN
Pre test %
Post test %

SECTION III

EFFECTIVENESS OF GUIDED IMAGERY ON REDUCING POST OPERATIVE PAIN AMONG POSTNATAL MOTHERS

Table – 4.3

S. No	Variables	Mean	SD	't' value
1	Pre test	2.4	0.67	10.81* (P<0.05)
2	Post test	0.53	0.73	

*Significant at 0.05 level

Table – 4.3 Reveals that pre test mean and standard deviations of the postnatal mothers were 2.4 and 0.67 respectively and post test mean and standard deviation were 0.53 and 0.73.

The obtained' value (10.81) was significant at 0.05 level. It was inferred that since the't' value of group was significant, the stated hypothesis was accepted. Guided imagery was effective in reducing the post operative pain among postnatal mothers. The findings support the research hypothesis.

SECTION IV

Table 4.4

ASSOCIATION BETWEEN PRE TEST PAIN SCORES AND SELECTED DEMOGRAPHIC VARIABLES

Demographic Variables	Responses	Pre test Score		Chi square value x^2	df
		Below median	Above median		
Age (in Years)	16-20	**0**	**2**	**10.21^{*S}**	**3**
	21-25	**0**	**10**		
	26-30	**0**	**13**		
	31-above	**3**	**2**		
Religion	Hindu	**2**	**20**	**0.56^{NS}**	**2**
	Muslim	**0**	**2**		
	Christian	**1**	**5**		
Education	Illiterate	**0**	**0**	**10.34^{NS}**	**5**
	Primary School	**0**	**2**		
	Higher school	**0**	**10**		
	Higher secondary	**I**	**12**		
	Graduation	**0**	**3**		
	Post Graduate	**2**	**0**		
Occupation	Unemployed	**1**	**14**	**2.84^{NS}**	**3**
	Daily wages	**0**	**8**		
	Employed	**2**	**3**		
	Business	**0**	**2**		

Family Income	<2000	**0**	**0**	**0.27^{NS}**	**3**
	2001-4000	**1**	**4**		
	4001-6000	**0**	**10**		
	6000 and above	**2**	**13**		
Residence	Urban	**2**	**18**	**0.41^{NS}**	**1**
	Rural	**1**	**9**		
Type of family	Joint family	**0**	**11**	**0.31^{NS}**	**2**
	Nuclear family	**2**	**12**		
	Extended family	**1**	**4**		
Parity	Primipara	**0**	**19**	**20.7^{*S}**	**2**
	Multipara	**0**	**8**		
	Grand Multipara	**3**	**0**		
Type of incision	Vertical	**3**	**19**	**0.12^{NS}**	**2**
	Transverse	**0**	**8**		
Indication for LSCS	Previous LSCS	**0**	**10**	**10.34^{NS}**	**5**
	Fetal distress	**0**	**3**		
	CPD and Contracted pelvis	**1**	**12**		
	Placenta praevia	**0**	**2**		
	Eclampsia	**2**	**0**		
Weight of the baby	< 2.5 kg	**0**	**8**	**1.14^{NS}**	**3**
	2.5 to 3 kg	**3**	**11**		
	3 to 3.5kg	**0**	**4**		
	> 3.5 kg	**0**	**4**		
No of postnatal day	Two	**1**	**14**	**0.21^{NS}**	**2**
	Three	**1**	**8**		

	Four	**1**	**5**		
Source of information	Mass media	**2**	**0**	**10.06**^{*S}	**3**
	Health professional	**0**	**10**		
	Friends	**0**	**8**		
	Relatives	**1**	**9**		

NS - NOT SIGNIFICANT

*S - SIGNIFICANT

This section explains association between post operative pain scores and selected demographic variables. For the purpose of establishing the association between the demographic variables such as age, religion, education, occupation, income, type of family, parity, type of incision, indication for lower segment caesarean section, weight of the baby, no. of postnatal days and source of information.

The overall pain score is divided into two categories as below median and above median.

The null hypothesis was stated as follows:

H03: There will be no significant association between the pre test pain score and demographic variables. In order to find out the association between pain score and selected demographic variables $x^2$was computed.

Association between the pain score of postnatal mothers and their age, the obtained x^2 value 10.21 at df 7.82 was significant. It was interfered that the age group between 26-30 years of the others had severe pain compared to other age groups. Association between the

pain score of postnatal mothers and their religion, the obtained χ^2value 0.56 at df 5.9 was not significant.

Association between the pain score of postnatal mothers and their education, the obtained χ^2 value 10.34 at df 11.07 was not significant. Association between the pain score of postnatal mothers and their occupation, the obtained χ^2 value 2.84 at df 7.82 was not significant.

Association between the pain score of postnatal mothers and their family income, the obtained χ^2 value 0.27 at df 7.82 was not significant .Association between the pain score of postnatal mothers and their residence, the obtained χ^2 value 0.41 at df 3.841 was not significant. Association between the pain score of postnatal mothers and their type of family, the obtained χ^2 value 0.31 at df 5.9 was not significant. Association between the pain score of postnatal mothers and their parity, the obtained χ^2 value 20.7 at df 5.9 was significant. It was inferred that the primi parity had severe pain compared to multiparous mothers.

Association between the pain score of postnatal mothers and their type of episiotomy, the obtained χ^2 value 0.06 at df 7.82 was not significant. Association between the pain score of postnatal mothers and their type of delivery, the obtained χ^2 value 0.12 at df 5.9 was not significant. Association between the pain score of postnatal mothers and their baby weight,

the obtained x^2 value 1.14 at df 7.82 was not significant. Association between the pain score of postnatal mothers and their no. of postnatal days, the obtained x^2 value 0.21 at df 5.9 was not significant. Association between the pain score of postnatal mothers and their source of information, the obtained x^2 value 10.06 at df 7.82 was significant. It was inferred that the mothers had got the information from the health professionals compared to other persons.

The Chi-square test analysis shows that there is no significant association between pre test lower segment caesarean section pain scores and selected demographic variables at 0.05 levels with an exemption of age, parity and source of information which has shown significant association.

Hence the researcher rejected the null hypothesis and accepted the research hypothesis.

Note:

Critical value for 1 degree of freedom at 5% level of significance = 3.84.

Critical value for 2 degree of freedom at 5% level of significance = 5.99.

Critical value for 3 degree of freedom at 5% level of significance = 7.82.

Critical value for 5 degree of freedom at 5% level of significance = 11.07.

SUMMARY

This chapter has dealt with the analysis and interpretation of the findings of the study. Guided imagery was directed to the postnatal mothers for three days after conducting pre test. Post test conducted after the completion of three days treatment. The data obtained was entered in the master sheet and computed using descriptive and inferential statistics. The result concluded that mothers who had undergone the intervention of guided imagery expressed decreased pain intensity.

CHAPTER – V

DISCUSSION AND SUMMARY

In order to find meaningful answers to research questions, the collected data must be processed, analyzed in an orderly and coherent fashion, so that patterns and relationship can be discussed.

The present study was done to assess the effectiveness of guided imagery on post operative pain among postnatal mothers in selected hospital at Erode.

In this study, quasi experimental pre test and post test design was adopted to assess the effectiveness of guided imagery on post operative pain. The study was conducted at Government hospital of erode. The sample size comprised of 30 postnatal mothers. The purposive sampling technique was used to select the sample. Data collected from the subjected were tabulated, analyzed and interpreted by using descriptive and inferential statistics, based on the objectives of the study.

Findings of the study: The findings of the study have been organized and discussed under the following sections:

The findings of the study are discussed under the following headings:

1. Demographic characteristics of the subjects.
2. Assessment of level of post operative pain among postnatal mothers.
3. Evaluation of effectiveness of guided imagery on post operative pain.
4. Association between demographic variables and pre test pain scores.
5. Discussion on testing of hypothesis.

DEMOGRAPHIC CHARACTERISTICS OF THE SUBJECTS:

The findings of the study shows that,

- 43.3% of the subjects were between the age group of 26 to 30 years, 33.3% belong to the age group of 21 to 25 years, 16.7% of the subjects were the age group above 31 years and 6.7% belong to 16 to 20 years.
- Majority (73.3%) of the subjects was Hindus, 20% were Christians and the 6.7% were Muslims.
- Majority of subjects (43.3%) had completed higher secondary, 33.3% had completed high school education, 10% were graduated, and 6.7% had completed post graduates and primary school.
- 50% of the subjects were employed, 26.7% were daily wages, 16.7% were house wives and 6.7% of the subjects were doing business.
- 50% of the subjects were earning Rs.6000 and above per month, 33.3% were earning Rs.4001 to 6000 per month and 16.7% were earning Rs.2001 to 4000 per month.
- Majority (66.7%) of subjects was living in urban area and 33.3% were living in rural area.
- 46% of the subjects belong to Nuclear family and 36.7% of subjects were from joint family and least 16.7% were from extended family.
- 63.3% of subjects were primiparas, 26.7% were multiparas and 10% were grand multiparas.
- 73.3% of the subjects were having vertical incision; where as 26.7% of the subjects were having transverse incision.
- 43.3% of the subjects had indication for lower segment caesarean section was contracted pelvis and Cephalo pelvic disproportion, 33.3% had previous lower

segment caesarean section, 10% of the subjects had fetal distress and 6.7% had placenta praevia and Eclampsia.

- Majority (46.7%) of the babies was 2.5 to 3 kg, 26.7% were below 2.5 kg and 13.3% were 3 to 3.5 kg/above 3.5 kg.
- Half of the (50%) subjects were in the second postnatal day, 30% were in the third postnatal day and 20% were in fourth postnatal day.
- 33.3% of the subjects had got the information from health professionals and relatives, 26.7% had got the information from friends and 6.7% were from mass media.

ASSESSMENT OF LEVEL OF PAIN AMONG POSTNATAL MOTHERS:

The present study confirms that with regard to pre test scores, majority 14 (46.7%) had severe pain, 13 (43.3%) had moderate pain and 3 (10%) had mild pain. Regarding post test among the postnatal mothers majority 18 (60%) were not having pain, 8 (26.7%) had mild pain and least 4(13.3%) had moderate pain. It was inferred that the pain level was reduced after the guided imagery among postnatal mothers.

EVALUATION OF EFFECTIVENESS OF GUIDED IMAGERY ON POST OPERATIVE PAIN:

The present study shows that there was a considerable improvement of the post operative pain after the guided imagery and is statistically established as significant. Mean post pain score was lower than that of the mean pre test pain. This implies that guided imagery was effective in reducing post operative pain.

ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND PRE TEST PAIN SCORES:

In this study when demographical variables were analyzed, there was no significant association found at 0.05 level between pre test pain scores of postnatal mothers and demographic variables with an exemption of age, parity and source of information which has shown significant association at 0.05 level ($p>0.05$).

DISCUSSION ON TESTING OF THE HYPOTHESIS:

H_1: There is a significant difference between the mean pre test and post test pain score after guided imagery.

The research hypothesis H1 stated in the study is accepted since there is significant difference between the mean pre test and post test pain score at $P<0.05$ level after the guided imagery.

H_2: There is a significant association between pain scores with selected demographic variables.

The present study reveals that association between religion, education, occupation, income, type of family, type of incision, indication for lower segment caesarean section, weight of the baby, no. of postnatal day were not significant at 0.05 level ($p<0.05$). The association between age, parity and source of information was significant at 0.05 level ($p >0.05$).

CONCLUSION

This section presents the conclusion drawn based on the findings of the study. It also includes the implications for nursing practice, education, administration and research.

The pain and delayed healing of the lower segment caesarean section wound are the main problems of postnatal mothers in the puerperium. The present study was conducted in order to find the effectiveness of guided imagery in reducing lower segment caesarean section pain. Guided imagery was found to be effective in reducing lower segment caesarean section pain. The result showed significant difference between the mean pre test and post test pain score at P<0.05 level after guided imagery. The obtained‘t’ value (10.81) was significant at 0.05 level. The computed chi-square test showed that there was no significant association between pre test scores and selected baseline characteristic with an exemption of age, parity and source of information which has shown significant association with pre test score.

Implications in Nursing

The findings of the study have several implications for nursing education, administration, practice and research.

Nursing Education

Nursing education pre[pares the nurses to function as a good educator. The nurse educators have the responsibility to update the knowledge of the nursing personnel in order to meet the needs of postnatal mothers and solve their difficulties related with lower segment caesarean section pain. The use of non-pharmacological measures like guided imagery can be incorporated in nursing education along with other contemporary therapies. To equip nurses to provide holistic care to their clients, the nursing curriculum should be covered with several types of non-pharmacological measures such as guided imagery for lower segment caesarean section pain. Thus the student nurses can be guided in developing the right attitude and skills required for caring the patients with lower segment caesarean section wound. Continuing education is the key component to update and improve the knowledge of the individual. It has a vital role in the field of the nursing profession.

Nursing Administration

There is an increasing need for quality and holistic care in today's health care system. The findings of this study can be utilized by nursing personal while providing care for the postnatal mothers. Nursing administrator should organize periodic educational programme for nursing staff to improve their knowledge and skill. In collaboration with education department, nursing administrator can arrange the periodic in service education programme for the staff nurses regarding uses of guided imagery. The knowledge about guided imagery will help the nurses to provide beneficial care of the postnatal mothers during puerperium.

Nursing Practice

Confronting with lower segment caesarean section pain is the common problems that interfere in the care of the baby and also in the self care during the puerperium. The appropriate measures and proper management of lower segment caesarean section pain will help in reducing the sufferings during postnatal period. In the area of clinical practice, in service education programme regarding guided imagery can be conducted to know the various upcoming benefits of guided imagery for reducing the lower segment caesarean section pain, as it was found to be one of the effective measures in reducing pain with no side effects.

Nursing Research

Lower segment caesarean section pain will extent the number of days of hospital stay among postnatal mothers with lower segment caesarean section. Therefore there is great need for adopting more measures for management of lower segment caesarean section during the puerperal period. Several researches on non-pharmacological therapies like Benson's relaxation therapy, relaxation techniques will help the nurses attain more knowledge and it

will initiate them to provide more quality care for the patients. Such knowledge generated through research will help in more popular implementation of different type of therapies in this area. For the generalization of guided imagery, further studies could be conducted in the hospital with increased frequency for larger samples.

Recommendation

1. A similar study can be conducted with increased frequency of guided imagery which may yield more reliable result.
2. A similar study can be conducted by selecting a larger sample on a long term basis.
3. The study can be conducted in different settings with similar facilities.
4. A comparative study can be conducted between guided imagery and other non pharmacological measures.

SUMMARY

This present chapter dealt with the findings of the study related to demographic characteristics, effectiveness of guided imagery and includes the major implications of the nursing service related to nursing education, nursing practice, nursing administration and nursing research areas.

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ANBU COLLEGE OF NURSING

(G.O. Ms.No.220, Health & Family Welfare (PME) Dept. / 13.06.2007)

MGR Nagar, Pallipalayam Road,
KOMARAPALAYAM - 638 183.
Namakkal Dt., Tamilnadu, India.

✆ : 98427 17575, 04288 - 263181
Fax : 04288 - 263183
Website : www.anbu.ac.in ; E-mail : info@anbu.ac.in

Prof. K. Vijayalakshmi, M.Sc.(N),
Principal.

To

Respected Sir / Madam,

Sub: Letter seeking permission for conducting the study – Regarding.

***

Mrs. Suganthira. S., is a **II Year M.Sc.(Nursing)** student of our college is planning to conduct a study to **"A study to assess the effectiveness of Guided Imagery in Management of Post Operative pain among Lower Segment Ceasarian Section (LSCS) mother's in selected hospital at Erode ".**

This study is undertaken as part of her research project to be submitted to The Tamil Nadu Dr. MGR Medical University at Chennai, in partial fulfillment of University requirement for the award of M.Sc.(Nursing) degree. I request you to kindly grant permission to conduct the study at your esteemed Hospital. I humbly request you to do the needful towards the same.

Thanking you,

Yours sincerely,

PRINCIPAL
ANBU COLLEGE OF NURSING
MGR NAGAR PALLIPALAYAM ROAD
KOMARAPALAYAM 638 183
NAMAKKAL DISTRICT

Annexure II
Letter Seeking Experts' Opinion And Suggestion For The Content Validity Of The Tool Used For The Study

FROM:

REG. No.: 301422651

II-nd YEAR M.Sc., (Nursing)
Anbu College of Nursing
MGR Nagar, komarapalayam,

To

Forwarded through

The Principal,
Anbu College of Nursing
Komarapalayam.-638183
Namakkal (DT)

Sub: Requisition for Opinion and suggestion of Experts content validity-Regarding

Respected Sir/Madam,

I am Suganthira. S, studying IIyear M.Sc (N) Obstetric and Gynecological Nursing Specialty in Anbu College of Nursing, Komarapalayam.

As the partial fulfillment of the requirement for the award of the degree of Master of Science in nursing under the TamilnaduDr.MGR Medical University, Chennai, I have selected the following topic for research **"A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY IN MANAGEMENT OF POST OPERATIVE PAIN AMONG LOWER SEGMENT CAESAREAN SECTION MOTHERS IN SELECTED HOSPITAL AT ERODE".**

I here with enclosed the tool for its content validity and kindly request you to examine the tool and give your valuable opinion and suggestions.

Thanking you

Date: Yours faithfully

Place: Reg. No: 301432552

Annexure III

Content validity certificate

I hereby certify that I have validated the tool of Reg. No.: 301432552, M.Sc.,(N) student who is undertaking, **"A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY IN MANAGEMENT OF POST OPERATIVE PAIN AMONG LOWER SEGMENT CAESAREAN SECTION MOTHERS IN SELECTED HOSPITAL AT ERODE".**

Signature of the expert:

Name:

Designation:

Annexure IV

LIST OF EXPERTS WHO VALIDATED THE TOOL

1. **Dr.Usha M.B.B.S., D.G.O.,**

   Obstetrician & Gynaecologist

   Lotus Hospital

   Erode.

2. **Mrs. K. Vijayalakshmi., M.Sc (N),**

   HOD of Obstetrical and Gynaecological Nursing,

   Anbu College of Nursing

   Komarapalayam.

3. **Mrs.M.JansiRani**

   Assistant Lecturer,

   Shanmuga college of Nursing,

   Salem.

4. **Mrs. Sivashankari**

   Associate professor,

   Shanmuga college of Nursing,

   Salem.

5. **Mrs.Pathmavathy,**

   Principal

   HOD of Obstetrical and Gynaecological Nursing,

   Dhanvanthiri College of Nursing

   Komarapalayam.Namakkal.

ANNEXURE – E
ENGLISH TOOL
STRUCTURED QUESTIONNARE
SECTION – A

SOCIO-DEMOGRAPHIC VARIABLES

1. **Age in years**
   a) 16-20
   b) 21-25
   c) 26-30
   d) 31-above

2. **Religion**
   a) Hindu
   b) Muslim
   c) Christian

3. **Educational status**
   a) Illiterate
   b) Primary school
   c) Higher school
   d) Higher secondary
   e) Graduation
   f) Post graduate and others

4. **Occupation**
   a) Unemployed
   b) Daily wages
   c) Employed
   d) Business

5. **Family income per month (in Rs)**
   a) <2000
   b) 2001-4000
   c) 4001-6000
   d) 6000 and above

6. **Residence**
   a) Urban
   b) Rural

7. **Type of family**
   a) Joint family

b) Nuclear family
c) Extended family

8. Parity

a) Primipara
b) Multipara
c) Grand Multipara

9. Type of surgical incision

a) Vertical
b) Transverse

10. Indication for Lower Segment Caesarean Section

a) Previous LSCS
b) Fetal distress
c) Contracted pelvis and CPD
d) Placenta praevia
e) Eclampsia

11. Weight of the baby

a) <2.5 kg
b) 2.5 to 3 kg
c) 3 to 3.5 kg
d) >3.5 kg

12. No. of postnatal day

a) Two
b) Three
c) Four

13. Source of information

a) Mass media
b) Health professional
c) Friends
d) Relatives

SECTION-B

Knowledge regarding Lower Segment Caesarean Section and Guided Imagery

1. **What is Lower Segment Caesarean Section?**
   a) An incision is made in the perineum
   b) A surgical incision made on lower segment of uterus
   c) An incision is made on the abdominal wall
   d) An incision is made in thoracic cavity

2. **What are the indications for Lower Segment Caesarean Section?**
   a) Cephalo Pelvic Disproportion, Previous LSCS, Placenta Praevia and Eclampsia
   b) Headache, Constipation, Placenta Praevia and Nausea
   c) Constipation, Vomiting, Vaginal bleeding and Headache
   d) Nausea, Vaginal leaking, headache and Giddiness

3. **What are the types of incision?**
   a) Transverse
   b) Vertical
   c) Lateral
   d) Both a and b

4. **What are the risks of Lower Segment Caesarean Section?**
   a) Pain, Infection and Blood clot
   b) Watery discharge, Nausea and leg pain
   c) Vomiting, Constipation and watery discharge
   d) Nausea, Leg pain and Constipation

5. **What are the complications after LSCS during post operative period?**
   a) Headache, Thrombosis and Ileus
   b) Hungry, Depression and Nausea
   c) Confusion, Hungry and weakness
   d) Depression, weakness and Nausea

6. **What is the contraindication for Lower Segment Caesarean Section?**
   a) Dead foetus
   b) Headache
   c) Constipation
   d) Mild cold

7. **Duration of rest after Lower Segment caesarean Section?**
   a) One week
   b) Two weeks

c) Four weeks
d) Six weeks

8. When to encourage early movement after Lower segment Caesarean Section?

a) After 24 hours
b) After 48 hours
c) After 72 hours
d) After 96 hours

9. Diet's to include after Lower Segment Caesarean section?

a) Fats, carbohydrates and Minerals
b) Protein, Vitamin C and Iron
c) Minerals, Vitamins and Fats
d) Carbohydrates, Minerals and Fibers

10. Diet's to avoid after Lower Segment Caesarean section?

a) Heavy and Fatty foods
b) Plenty of water and soups
c) Fruits and vegetables
d) Light and nourishing foods

11. Activities to avoid after Lower Segment Caesarean Section?

a) Lifting heavier weight
b) Baby care
c) Breast feeding
d) Deep breathing exercises

12. What are the measures to be taken to relieve pain?

a) Analgesic drugs
b) Guided imagery
c) Both a and b
d) Plenty of water

13. How the guided imagery is engaged?

a) All senses in our body
b) Mental activity
c) Whole body
d) All the above

14. Location of guided imagery?

a) Speaking
b) Walking
c) Keep calm and focus
d) Self evaluating

15. What is the advantage of guided imagery?

a) Reduce pain
b) Sense of cope
c) Modify the behaviour
d) All of the above

16. What is guided imagery?

a) Method of relaxation
b) Attempt to reduce pain
c) Increases stress
d) Depression

17. What is the effect of guided imagery?

a) Learn to speak
b) Learn to relax for relieving pain
c) Control of bleeding
d) Stops breathing problem

18. How long guided imagery to be provided?

a) 5 to 10 minutes
b) 20 to 30 minutes
c) 30 to 60 minutes
d) 60 to 90 minutes

19. How often guided imagery to be provided?

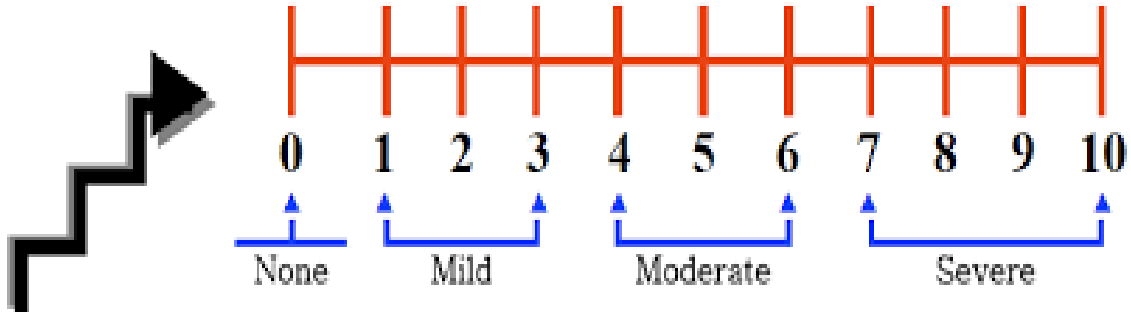
a) Once a day
b) 2-3 times per day
c) Twice in a week
d) Weekly once

20. Contraindication for guided imagery?

a) Anger problems
b) Pain management
c) Psychiatric disorder (Major depression)
d) Hypertension

SECTION-C

ASSESSMENT OF LOWER SEGMENT CAESAREAN SECTION PAIN BY USING NUMERICAL RATING PAIN SCALE (ERIN E KREBS, 2007)



RATING	PAIN LEVEL	DESCRIPTION
0	No Pain	No pain, feeling perfectly normal
1-3	Mild Pain	Nagging annoying, interfering little with ADLs (Activities of daily living)
4-6	Moderate Pain	Interferes significantly with ADLs (Activities of daily living)
7-10	Severe Pain	Disabling; unable to perform ADLs (Activities of daily living)

- **No pain** **0**
- **Mild pain** **1-3**
- **Moderate pain** **4-6**
- **Severe pain** **7-10**

பகுதி 1

தனி நபர் விபரம்

1 வயது

16-20

21-25

26-30

31க்கு மேல்

2 மதம்

இந்து

முஸ்லிம்

கிருத்துவர்

3 கல்வித் தகுதி

படிப்பறிவில்லை

ஆரம்பக் கல்வி

இடைநிலைக் கல்வி

பட்டப்படிப்பு

மேல்நிலை பட்டப்படிப்பு

4 தொழில்

வேலை இல்லை

தினக்கூலி

வேலை உண்டு

வியாபாரம்

5 குடும்ப மாத வருமானம்

< 2000

2001-4000

4001-6000

6000 க்கு மேல்

6 வாழிடம்

கிராமம்

நகரம்

7 குடும்பத்தின் வகைகள்

தனிக்குடும்பம்

கூட்டுக்குடும்பம்

மிகப் பெரிய குடும்பம்

8 இது எத்தனையாவது கர்ப்பகாலம்?

முதல்முறை

இரண்டு மற்றும் அதற்கு மேல்

முன்று மற்றும் அதற்கு மேல்

9 கீறல் வகைகள்

குறுக்கு

செங்குத்து

10 குறைந்த பிரிவில் சிசேரியனுக்கு காரணம்

முந்தைய குறைந்த பிரிவில் சிசேரியன்

கரு துயரத்தில்

துடைப்பட்ட பிரசவம்

நஞ்சுகொடி Praevia

எக்லம்ப்ஸியா

11 குழந்தையின் பிறப்பு எடை

< 2.5 கிலோ

2.5 - 3.0 கிலோ

3.0 - 3.5 கிலோ

> 3.5 கிலோ

12 இது எத்தனையாவது பிரசவ நாள்?

இரண்டாம் நாள்

முன்றாம் நாள்

நான்காம் நாள்

13 தகவல் அறிந்த விபரம்

ஊடகம் மூலமாக

சுகாதார நலப்பணியாளர்கள் மூலமாக

நண்பர்கள் மூலமாக

உறவினர்கள் மூலமாக

பகுதி 2

குறைந்த பிரிவில் சிசேரியன் பற்றி அறிதல்

1 குறைந்த பிரிவில் சிசேரியன் என்றால் என்ன?

இம்மாதிரி அப்பகுதியை தொடடு செய்யப்பட்ட கிறல்

அறுவை சிகிச்சை கிறல் கருப்பை கிழ் பிரிவில் செய்யப்படும்

வயிற்று சுவர் அன்று கிறல்

கிறல் மார்பு குழியில் செய்யப்படும்

2 குறைந்த பிரிவில் சிசேரியன் பிரிவின் அறிகுறிகள் என்ன?

தடைப்பட்ட பிரசவம், முந்தைய குறைந்த பிரிவில் சிசேரியன், நஞ்சுகொடி Praevia , எக்லம்ப்ஸியா

தலைவலி, மலச்சிக்கல், நஞ்சுகொடி Praevia , குமட்டல்

மலச்சிக்கல், குமட்டல், புணர்புழை இரத்த ஒழுக்கு, தலைவலி

குமட்டல், புணர்புழை இரத்த ஒழுக்கு, தலைவலி, மயக்கம்

3 கிறல் வகைகள

குறுக்கு

செங்குத்து

பக்கவாட்டு

குறுக்கு மற்றும் செங்குத்து

4 குறைந்த பிரிவில் சிசேரியன் ஆபத்து என்ன?

வுலி, தொற்று மற்றும் இரத்த உறைவு

தண்ணீரால் வெளியேற்ற, குமட்டல் மற்றும் கால்வலி

குமட்டல், மலச்சிக்கல், மற்றும் தண்ணீரால் வெளியேற்ற

குமட்டல் , கால்வலி மற்றும் மலச்சிக்கல்,

5 குறைந்த பிரிவில் சிசேரியன் பிறகு சிக்கல்கள் என்ன?

தலைவலி, இரத்த உறைவு மற்றும் குடல் அசைவிழப்பு

பசி, மன அழுத்தம் மற்றும் குமட்டல்

குழப்பம், பசி மற்றும் பலவீனம்

மன அழுத்தம், பலவீனம் மற்றும் குமட்டல்

6 குறைந்த பிரிவில் சிசேரியன் பிரிவின் முரண்பாடு என்ன?

இறந்த கரு

தலைவலி

மலச்சிக்கல்

லேசான குளிர்

7 குறைந்த பிரிவில் சிசேரியன் பிறகு ஓய்வு காலம் என்ன?

ஒரு வாரம்

இரண்டு வாரம்

மூன்று வாரங்கள்

நான்கு வாரங்கள்

8 போது குறைந்த பிரிவில் சிசேரியன் பிறகு ஆரம்ப இயக்கம் ஊக்குவிக்க.?

24 மணி நேரம் கழித்து

48 மணி நேரம் கழித்து

72 மணி நேரம் கழித்து

96 மணி நேரம் கழித்து

9 உணவில் குறைந்த பிரிவில் சிசேரியன் பின்னர் சேர்க்க வேண்டியது?

கொழுப்புகள், கார்போஹைட்ரேட் மற்றும் கனிமங்கள்

புரதம், வைட்டமின் சி மற்றும் இரும்பு

கனிமங்கள், வைட்டமின மற்றும் கொழுப்புகள்

கார்போஹைட்ரேட் கனிமங்கள் மற்றும் கீரைகள்

10 உணவில் குறைந்த பிரிவில் சிசேரியன் பிறகு தவிர்க்க வேண்டியது?

கனரக மற்றும் கொழுப்பு உணவுகள்

நீர் மற்றும் ரசங்கள் நிறைய

பழங்கள் மற்றும் காய்கறிகள்

ஊட்டமளிக்கும் உணவுகள்

11 நடவடிக்கைகள் குறைந்த பிரிவில் சிசேரியன் பிறகு தவிர்க்க வேண்டியது?

அதிக எடை தூக்குதல்

குழந்தை நலம்

தாய்ப்பால்

ஆழமான மூச்சுப் பயிற்சிகள்

12 வலியை குறைக்க என்ன நடவடிக்கை எடுக்க வேண்டும்?

வுலி நிவாரணி மருந்துகள்

வழிகாட்டும் பிம்ப

வுலி நிவாரணி மருந்துகள் மற்றும் வழிகாட்டும் பிம்ப

நிறைய தண்ணீர்

13 வழிகாட்டும் பிம்ப எப்படி ஈடுபட்டுள்ளது

நமது உடலில் உள்ள அனைத்து புத்தி

மன நடவடிக்கைகள்

முழு உடல்

இவை எல்லாம்

14 வழிகாட்டும் பிம்ப இடம்?

பேசும் போது

நடைப்பயிற்சி

அமைதி மற்றும் கவனம்

சுயமதிப்பீடு

15 வழிகாட்டும் பிம்ப பயன் என்ன?

வலியை குறைக்கும்

சமாளிக்கும் உணர்வு

நடத்தையை மாற்றும்

இவை எல்லாம்

16 வழிகாட்டும் பிம்ப என்றால் என்ன?

தளர்வு முறை

வலியை குறைக்க முயற்சிக்கும்

மன அழுத்தம் அதிகரிக்கிறது

மன அழுத்தம்

17 வழிகாட்டும் பிம்ப விளைவு என்ன?

பேச கற்றல்

வலி நிவாரணத்திற்கும் ஒய்வெடுக்க அறிய

இரத்தப்போக்கு கட்டுப்பாடு

மூச்சு பிரச்சனை நிறுத்தப்படும்.

18 எப்படி நீண்ட வழிகாட்டும் பிம்ப வழங்கப்படும்?

5 முதல் 10 நிமிடங்கள்

20 முதல் 30 நிமிடங்கள்

30 முதல் 60 நிமிடங்கள்

60 முதல் 90 நிமிடங்கள்

19 எப்படி அடிக்கடி வழிகாட்டும் பிம்ப வழங்கப்படும்?

ஒரு நாள் ஒரு முறை

ஒரு நாளைக்கு 2 அல்லது 3 முறை

வாரத்திற்கு இரண்டு முறை

வாரந்திரம் ஒரு முறை

20 வழிகாட்டும் பிம்பக்கான முரண்பாடுகள்?

கோபம் சார்ந்த பிரச்சனைகள்

வலி மேலாண்மை

மனநல கோளாறு

உயர் இரத்த அழுத்தம்

பகுதி 3

எண் மதிப்பிடுக.

வலி அளவிடுதலை பயன்படுத்தி குறைந்த பிரிவில் சிசேரியன் வலியை அறிதல்.

புள்ளிகள்	வலியினை விவரித்தல்
0	வலி இல்லை
1-3	சிறிதளவு வலி
4-6	நடுத்தரமான வலி
7-10	அதிகமான வலி


SAVIOUR


10


SAVIOUR